## THE MEDICAL SESSION 1861-62.

On Tuesday last one of the most important Medical Sessions of our time was inaugurated. The regulations of the General Medical Council had given to this opening a significance which had never before been felt. A new era in Medical Education had commenced. It may be said that it was the first occasion on which an attempt upon a large scale has been made to bring the profession of Medicine into closer alliance with literature—to make it, in fact, a *learned* profession. Hitherto one of the great disadvantages under which we have laboured has been the absence of any test of the preliminary education of our alumni. It cannot be denied that this has been, to a great extent, disadvantageous to us as a body. Students have become practitioners who have been lamentably deficient in that general knowledge which is essential to the position of a gentleman and a member of a profession like that of Medicine. Fortunately all this will soon cease to exist. The session of 1861 opens with a bright promise for the future.

We give, as has been our custom for many years, a report of the introductory lectures which were delivered at the various metropolitan schools on the 1st of October. If these present nothing very remarkable, they are, at all events, of average ability. From the lips of every teacher the student has received good and wholesome advice. Habits of industry and self-denial have been inculcated. These, in fact, form the most important of all the requirements of the student. Knowledge and success will naturally follow. Introductory lectures, though often regarded as mere matters of form, are not without their value. The student, however, must not be depressed by the gigantic labour which is placed before him. He will successfully overcome every difficulty if he sets to work in earnest, and if he possess not earnestness, he is unfitted to be a member of the medical profession. But if the student of the present day has more to acquire than the pupil of former times, it must be remembered that he has infinitely greater opportunities for obtaining knowledge. Clinical instruction was unknown in London when THE LANCET was established; and the professors and teachers were most remiss and careless in their mode of imparting instruction. Now clinical teaching has become a system; and, as a rule, nothing can be more regular and commendable than the attendance and zeal of the teachers. The student now-a-days, then, has everything in his favour. Let him not, suppose that his facilities for study can be neglected with impunity. It is not in fine buildings or in large and crowded wards only that success is to be obtained. SCARPA had but fifteen beds in his clinical hospital; Edinburgh was never greater in her medical school than when her university consisted of but a few poor cottages. It was then, indeed, that she possessed for professors some of the greatest men who have ever adorned our profession. Men of industry and of purpose will rise above the influence of accidental circumstances. Let no man regard his education in any but the most general aspect. Even if he intend to be a specialist in after-life, let him make himself fully acquainted with all the branches of science which pertain to his calling. This was the principle acted upon by almost all the great men who have risen from the ranks. CLUTTERBUCK, BABINGTON, and MERRIMAN were general practitioners before they entered the higher grade of practice. No men were more successful; no men ever more justly obtained the confidence and respect of their brethren and the public. Whether the student intends to practise in London or in the country, a thorough knowledge of his profession is equally incumbent upon him. Nor let him suppose that his sphere of usefulness will of necessity be confined to the locality in which he exercises his vocation. There are men in the remotest villages of this kingdom whom we may class amongst the discoverers and pioneers of Medicine. Let it never be forgotten that the man who conferred the greatest benefit on humanity was but a "Country Doctor." It was whilst riding through the rural lanes of Gloucester that JENNER meditated upon and brought to perfection the inestimable boon of vaccination.

Whatever, then, the career of the student may be, he has a high and important task to fulfil. Upon his diligence now will depend his future lot. If industrious and observing, he will be able to cope successfully with those emergencies which meet every man in practice. Without them he will be not only an indifferent practitioner, but often a mischievous one. Above all, let the student remember that the vocation of the medical practitioner is that of a gentleman. By his position and education he is entitled, and will of necessity be called upon, to mix with the higher as well as the lower classes.

It may not be out of place here to recall to recollection some remarks made by the greatest living surgeon on the independence which should appertain to a medical practitioner. After a long and almost unequalled prosperous career, Sir BENJAMIN BRODIE, in addressing the students of St. George's Hospital, reminded them that independence of character and conduct was one of the surest elements of success. It would sustain the "doctor" when petty and mean arts failed him, and place him in a proud position when the mere trickster was in the dust.

# Abstracts

OF THE

# INTRODUCTORY LECTURES

DELIVERED AT THE

# VARIOUS MEDICAL SCHOOLS OF LONDON

AT THE

## Opening of the Session 1861-62.

### ST. BARTHOLOMEW'S HOSPITAL.

INTRODUCTORY ADDRESS BY DR. FRANKLAND.

AFTER some preliminary remarks, in which the lecturer alluded to the great loss the hospital had sustained during the past year in the sudden and sad death of the late Dr. Baly, he proceeded as follows:—"Those of you who are now commencing your attendance at this hospital are doubtless aware of the general nature of the studies to which you will have for the first year to devote your attention. These studies are partly of a technical, but chiefly of a purely scientific character. In the present state of education in this country, few of you, although you may have long selected your profession, can be expected to have acquired more than the merest rudiments of those sciences upon which the principles and practice of medicine so essentially depend. These sciences—viz., anatomy, physiology, chemistry, physics, and botany will therefore claim your almost undivided attention during the ensuing year; and I feel strongly the conviction that the importance of a most diligent application to these studies cannot be too earnestly impressed upon you. Most of you will occupy positions in which

the dignity of the profession will be estimated in the immediately surrounding community by your acquaintance with these sciences, not merely in their technical applications to medicine, but in their bearings upon those natural phenomena in the outer world which constantly attract the attention of the observant, and occasionally even of the more ignorant portion of mankind. In questions arising out of such phenomena, the doctor is constantly appealed to as the highest available authority, and it will be an evil day for the profession when this confidence is shaken. The technical treatment of disease and the alleviation of suffering may have progressed; but the scientifically cultivated mind, for which the medical man has hitherto so justly had credit, will no longer be associated with the titles of the profession. But the maintenance of this dignified position of the profession is becoming more difficult year by year. The scientific portion of the competitive examinations in the civil and military departments of the State is rapidly calling forth a scientific training, which has hitherto been almost monopolized by the medical student, but which threatens soon to convert even the lower grades of officers in these departments into formidable rivals of the doctor in the interpretation of natural phenomena. A sound acquaintance with natural and experimental science must therefore be regarded as of the highest importance to those upon whom the maintenance of the deservedly proud position of the profession will now soon entirely depend."

Dr. Frankland then remarked on the advantage of the study of natural science as a means of mental culture, and also on account of its many applications to medicine. He showed the connexion of chemistry and physics with medicine by examining the relations between man and some of the more important forms of matter by which he is surrounded. In considering the relations of man to the atmosphere, he said—"So intimate are these relations, that even the variations in the pressure of the aëriform mass surrounding our globe exercise a marked influence upon the phenomena of animal life. Although this influence has hitherto been almost entirely overlooked, yet there can be no doubt that these variations directly and profoundly affect one of the most important functions of the animal economy—that of respiration. In respiration the blood requires to absorb in a given time a certain amount of oxygen, and to give off a certain quantity of carbonic acid. Now, the amount of oxygen absorbed by the blood during its passage through the lungs depends partly upon the amount of this element introduced into the lungs, but chiefly upon the density of the air in the respiratory organs—in other words, upon the pressure of the atmosphere; the greater the pressure, the greater, *cæteris paribus*, will be the amount of oxygen absorbed. The expulsion of carbonic acid, on the other hand, will be facilitated by a diminution of pressure, and this will be the case whether that carbonic acid be present in the blood in chemical combination, or merely in mechanical solution. Several observers have noticed a remarkable increase of the action of the heart at great elevations. Thus it has been found that the number of pulsations per minute is nearly doubled when an individual is removed from the level of the sea to the summit of Mont Blanc, a rate which is maintained even after a lengthened period of repose; a corresponding increase has also been observed in the car of a balloon, where no muscular exertion had been previously undergone. Thus the amount of blood passing through the lungs in a given time under otherwise similar conditions, appears to be nearly inversely as the atmospheric pressure. Hence we arrive at the conclusion, that whilst the per-centage of carbonic acid in the blood is constantly diminishing as atmospheric rarefaction proceeds, that of oxygen remains about the same, owing to the greater frequency with which the blood is brought into contact with the air in the lungs. If these considerations be correct, and they are strictly consistent with the present state of our knowledge, although there are some collateral points which still require investigation, it follows that the aëration of the blood—that is, its richness in oxygen compared with carbonic acid, must be more perfect, (within certain limits,) the greater the rarity of the atmosphere in which respiration takes place. This startling conclusion could, perhaps, scarcely claim acceptance if it were not in some degree supported by an equally unexpected phenomenon in a process closely allied to respiration. We are all familiar with some points of analogy between respiration and combustion; both processes ordinarily require the presence of oxygen, and both are impeded or interrupted by carbonic acid. Approximately a candle will not burn in air which rapidly proves fatal to animal life, owing to the presence of carbonic acid; and conversely, air which contains an amount of carbonic acid insufficient to extinguish combustion, can be breathed by man, for a short time at least, with impunity. Even the physical processes by which the animal on the one hand, and the candle on the other, appropriate oxygen, and discharge carbonic acid, possess far greater similarity than might at first sight be imagined. Now, if respiration be more perfect (within certain limits) in rarefied air, we have here again the analogy of the burning candle, recent experiments having demonstrated beyond all doubt, that the combustion of a candle, and of flame in general, is more perfect in rarefied air than in air at common pressures, and that it is least perfect in compressed air. So far as the perfection of the combustion of the candle is concerned, the effect of rarefied air is exactly similar to that of air containing an increased per-centage of oxygen! Is not this the case also with respiration? When we consider the superlatively important part played by the aëration of the blood in the animal economy, can it be doubted that the range of atmospheric pressure at our command upon mountain slopes must be capable of being turned to important account in the treatment of disease?"

Passing from this physical property of the atmosphere to its chemical constitution, Dr. Frankland referred in the following terms to the supposed influence of ozone in purifying the air, and to the fallacy of the test which is now so generally used in meteorological observations for the detection of this substance in the atmosphere:—"Without waiting to inquire into the grounds upon which the claims of ozone, as a constituent of the air, rested, numerous observers began to guage the atmosphere for this purifying and health-giving body, and the indications of ozone test-papers were, and still are, believed by many to afford valuable information respecting the sanitary condition of the atmosphere. Contemplating the industry with which such observations have been made, it is painful to have to come to the conclusion, that up to the present moment we have no reliable evidence whatever that ozone is present amongst the constituents of our atmosphere."

The lecturer then alluded to the deleterious effects of organic matter in the air, and to its estimation by Dr. Angus Smith's test, which had proved that the air of Manchester contains, on an average, more organic matter than that of London, in the proportion of 6 to 4, the comparative rate of mortality in the two cities being as 31 to 24. This test had also proved, that the air on the high grounds in the northern suburbs of London contains only about one-third as much organic matter as the air in the City; that there are human dwellings in our large towns which are surrounded by an atmosphere fouler, as regards organic matter, than that of a piggery; and that the amount of organic matter in the average London atmosphere is about ten times as great as that in the pure sea breeze.

On the subject of respiration, Dr. Frankland said, "We here come at once into contact with phenomena which may be said to be at the very foundation of all philosophical views of vitality, and which phenomena can receive an explanation from chemistry and physics alone. It is here that those forces originally stored up and conserved in vegetable organisms find their outlet. By this act of respiration is brought into activity that dynamic power which manifests itself in the aggregation of phenomena which we call life. It may be regarded as one of the greatest discoveries of the age,—perhaps of any age,—that force or energy, no matter of what kind, can neither be created nor destroyed; that for the production of one kind of force—of heat for example—an equivalent amount of some other force must be used and transformed. The discovery of this principle of the conservation of force was first made by a medical man, and in the prosecution of physiological research. In the food which we consume, we take into our bodies a quantity of matter, the particles of which have been, as it were, wound up like the spring of a watch. This tension of particles has been produced in the organisms of plants, whence all our food is either directly or indirectly derived, through the agency and by the transformation of a certain amount of solar light and heat. It is this store of force collected by plants, and often subsequently concentrated and intensified, but never quantitatively increased, in the bodies of the lower animals used as food, which, when finally liberated, chiefly in the form of heat and mechanical power, produces the phenomena of vitality. The liberation of this store of force is effected through the agency of atmospheric oxygen taken into the lungs and absorbed into the blood; in other words, brought into intimate contact with this tense matter. It is the chemical action between the carbon and hydrogen of the food on the one hand, and atmospheric oxygen on the other, which extricates that force originally derived from the solar influence.

"Hunter thought there was a special vital power antagonistic to the chemical force, and offering resistance to the latter, as

in the case of the living stomach resisting the action of the gastric juice. Dr. Prout entertained a similar notion; and even some physiologists of the present day imagine that in the animal organism the ordinary physical laws are controlled and modified by a higher law—by a special force, in fact. These notions are the lingering remains of a former superstition; they are the last traces still left adhering to the human mind of that doctrine which embodied itself in the 'Anima' of Stahl, and the 'Archæus' of Van Helmont. These notions are utterly irreconcileable with the laws of conservation of force, and the progress, alike of physiology and natural philosophy, demands their abandonment. The animal body, then, is an apparatus, complex no doubt, but as completely subject to the physical laws as any other mass of matter. Every part and organ of the living body consists of the common elements of inorganic matter built up, repaired, and renewed by the ordinary physical forces, which act according to precisely the same laws in living organisms as in dead matter. This fundamental principle in physiology now finds additional support in the rapid progress which is being made in the artificial formation of organic compounds by the ordinary operations of the laboratory, and without any assistance whatever from vitality. Some of these bodies are capable of contributing to the nutrition of animals. The nitrogenous constituents of food have not yet been thus artificially formed; but, when that can be accomplished, it will be possible for man to support life from inorganic materials, and entirely without food derived from animals or vegetables. Thus man will obtain the power even of winding up the spring, the relaxation of which constitutes the dynamic power of life." In connexion with this subject, the recent invention of Dr. Edward Smith for the estimation of the carbonic acid from the lungs was noticed. By the application of this invention it had been shown that the amount of chemical action in the lungs varies greatly in different persons, even when they are placed under the same conditions: that in passing from the state of sleep to that of waking, it is doubled; that during violent exertion, as in ascending a mountain, it is increased tenfold; and, finally, that it is influenced to a most extraordinary extent by the introduction of various kinds of food into the stomach. It could not, therefore, be doubted that an accurate measure of this chemical action, representing as it does one of the most essential of the vital functions, must be capable of rendering to the physician very important aid in the interpretation of morbid vital phenomena.

The corresponding relations of water to human life were then reviewed. In noticing the presence of organic matter of animal origin in water, Dr. Frankland said:—"As the deleterious effects of water thus contaminated have been repeatedly observed, we have sufficient reason for looking with great suspicion upon these organic substances; and it becomes important that the physician should contemplate them as belonging to the proximate causes of disease. It is not sufficient, however, that he should assure himself of the purity of the particular water supplied to a district; it is absolutely necessary that he should convince himself of the non-contamination of the water actually used in the house of his patient. This is rendered especially necessary in London, where the vicious system of intermittent supply and storage renders the comparatively pure water delivered by the companies subject to contamination of a highly dangerous character. This water is stored in cisterns to which a fresh supply is only admitted every twenty-four hours. These cisterns are generally placed in the basement, and in close proximity to several sources of gaseous pollution. When we reflect upon the power which water possesses of absorbing gases and vapours, it is not difficult to conceive how its purity, when thus stored, must be seriously compromised. But these are by no means the only or even the chief sources of organic impurity. The over-flow pipe from these cisterns is rarely efficiently trapped, and it consequently becomes a conduit for the conveyance of sewer gases from the drains unto the surface of the water in the cistern. The heated flues of every house establish an inward draught through all passages communicating with the external air, and thus a most effective arrangement is provided for saturating the water with the soluble sewer-gases. It is evident that this source of dangerous contamination is altogether independent of the quality of the water supplied to the house, and hence the necessity for vigilance in individual houses where disease shows itself."

Dr. Frankland then alluded to the importance of the study of physics, or natural philosophy, which, although not included in the prescribed course of education, could not be neglected without seriously impairing that knowledge of natural phenomena which the public expect to find in medical men.

The address concluded with an earnest exhortation to those who were just entering upon medical study to avail themselves of the advantages which the hospital offered. They had come there solemnly to devote themselves to a noble profession, which, perhaps more than any other, required self-denial, constant study, and much physical endurance; let the way in which they passed through its portals show that they appreciated the true character of their calling, and that they were not undertaking its tremendously responsible duties as a mere matter of convenience, but that they were determined so to furnish themselves with all available knowledge as to be able efficiently to cope with disease, prolong life, and relieve human suffering.

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## CHARING CROSS HOSPITAL.

### MR. CANTON'S INTRODUCTORY ADDRESS.

THE lecturer placed in review before the students those various branches of knowledge with which they would have to become acquainted ere they would be justified in undertaking the responsible office of a medical practitioner. He reminded them at the outset of their studies that they must become thoroughly acquainted with the human body in a state of health before they could hope adequately to comprehend its condition in a state of disease, or to readjust the balance when it is disturbed. To the sciences of anatomy and physiology they would have to pay particular attention. The object of the former in its most extended sense was to ascertain and make known the structure of organized bodies. Physiology was the science which treated of the conditions, phenomena, and laws of life. By the study of those subjects they would arrange the foundation work whereon was to be reared the superstructure of the art and science of medicine. Too great stress could not be laid upon the value of an acquaintance with anatomy both to the physician and the surgeon. It must be confessed, however, that from the latter was required a larger share of knowledge on this subject than from the former, inasmuch as the surgeon had frequently to deal with diseases by operation, in which minutiæ were implicated, and which the physician was never called upon so to treat. Nevertheless, it was incumbent on the physician to be acquainted with many details, that he might comprehend the relative position of contiguous parts, and the intimate connexion existing between remote organs, in order to determine the particular seat of the affection he is required to attend to. The surgeon might suddenly be called to tie a bleeding artery, set a fracture, or reduce a dislocation, for all of which he was at once prepared through his knowledge of anatomy. The physician undertook the treatment of a case of measles, rheumatism, or fever; and though his acquaintance with anatomy might here seem to be of little value, they must remember that in the complications and sequelæ of these complaints, his anatomical acquirements would be brought into requisition. In connexion with the study of anatomy and physiology, they should make themselves proficient in a knowledge of chemistry, and through this source learn the composition of those textures they had been at so much pains to disclose. An acquaintance with the structure and functions of the body in health, and a knowledge of the diseases to which the body is subject, would be comparatively useless did they not make themselves familiar with the substances to be employed as curative agents under the title of materia medica. Closely allied to these subjects was the study of botany—a branch of medical knowledge too generally neglected by students. He might remind them that, should they practise their profession in the country, they would sometimes be expected to display a knowledge of botany, lacking which they might be considered, even though unjustly, ignorant of still more important and professional matters. Having mastered the subject as it bears upon medicine, they might pursue it as an instructive, an elegant, and a pleasing recreation.

In concluding a very elaborate essay, Mr. Canton remarked that there were two objects which, during their career as students of medicine, should prove their mainspring of action—anxiety for the present, and solicitude for the future. A steady perseverance in the one would secure them ultimate success in the other. At the onset of their career, feeble timidity, the offspring of anxiety, might oppose a barrier to their progress, and impede that journey they had to undertake along the pathway of knowledge which should be at once trodden with firm footstep and hopeful heart. The further they proceeded, the less rugged would be the track; the nearer the goal, the more

glittering the prize. The journey-end of their pupilage would be rewarded with that becoming satisfaction which engenders reliance on self, has sprung from merit, and been fostered to maturity by perseverance.

## ST. GEORGE'S HOSPITAL.

### INTRODUCTORY LECTURE BY M. T. MASTERS, ESQ., F.L.S.

AFTER a few words of welcome, the lecturer addressed himself first to the older pupils, and alluded to the recent changes in the staff of the hospital, owing to the retirement of Mr. Cæsar Hawkins and Mr. Cutler, the former of whom had resigned in consequence of his election to the highest honour of the surgical profession—the presidency of the Royal College of Surgeons. The addition of Mr. Henry Lee and Mr. Holmes to supply the vacancies thus created was mentioned, and the loss of Mr. Henry Gray in the full spring-tide of his energy feelingly commented on. His career was pointed out as an example worthy to be followed by all aspirants after professional distinction and public esteem.

Some remarks referring to the peculiar nature of the profession—its rewards, and the mode of securing them by the conduct of the practitioner towards his profession and towards the public—were then addressed to the new-comers. The most difficult part of the profession to the young well-educated practitioner was the art of inspiring his patients with confidence, or, in more homely phrase, the art of "managing his patient." The favourable verdict of the public was to be gained not so much by professional attainments as by matters of which the public are competent judges, such as the general information and character of the practitioner, and the esteem in which they see him held by his fellow-labourers. The goodwill of his brethren was obtained by his special skill and knowledge, and by his conduct towards themselves. The course of education required by the Medical Council and the various boards of examiners was devised so as to secure to the future members of the profession the good opinion of the public. A good general education was required as an essential preliminary to a good special one. The principal subjects of professional education were then briefly alluded to, but from the position the lecturer held in the school he deemed it better to leave subjects of a more directly practical character to abler persons than himself, and to confine himself more particularly to the collateral sciences and their functions in the scheme of medical education. The natural history sciences were shown to be of great importance, as tending to foster the faculty of observation so necessary to the medical practitioner; and the modes of observation and reasoning employed by the naturalist are of precisely the same character as those made use of by the accomplished physician or surgeon. The present practice of demanding an attendance on lectures on the Elements of Botany, &c., during the three or four years that should be devoted to studies of a more practical character, was denounced. In the lecturer's opinion, these subjects should form part of the preliminary education of the student; and only the higher branches, and those capable of direct practical application, should be taught the pupil who has once set foot in the wards or the lecture-room of an hospital. The natural history sciences were capable of much direct practical application to Medicine, not merely in furnishing articles of therapeutical importance, but in the prevention of disease and the unravelling many of its obscurities.

Illustrations were given of the prevention of malarious fevers in various places, particularly at Washington, by the growth of sunflowers, which flourished at a time when the ordinary vegetation of the place was decaying, and which seemed to absorb or neutralize the poisonous effluvia. A peculiar carious affection of the bones of the foot and leg, dependent on the presence of a truffle-like fungus, was also adduced in illustration. Amputation of the affected leg was the only remedy for this fungous disease, which has been described by Dr. H. V. Carter, of Bombay, formerly a distinguished pupil of this hospital. The analogies existing between the geographical distribution of plants and animals, and their powers of variation under different external conditions, and the causes and diffusion of disease were pointed out, and also the numerous phenomena in the natural and physical sciences which were capable of application to the understanding of the nature of diseased action and its causes.

> "Ah, in what perils is vain life engaged!
> What slight neglects, what trivial faults destroy
> The hardiest frame! Of indolence, of toil,
> We die—of want, of superfluity:
> The all-surrounding heaven, the vital air,
> Is big with death."

Human physiology and anatomy were shown to owe their comparatively advanced state to their cultivators having diligently availed themselves of the facts presented to their notice in the study of the structure and functions of animals and plants; and if the same proceeding were adopted with reference to pathology, the result would be equally striking. By extending the basis on which medical knowledge rests—by availing ourselves of help from all quarters, and by its judicious application to professional purposes, hydra-headed quackery would receive a greater check than by any legislative interference, at the same time that the profession would not lay itself open to the charge of perceiving not the mote in its own eye. Medical knowledge will never be so perfect but that there will remain diseases beyond the ken or aid of men, and hence the public, however enlightened, will say, in spirit if not in word—

> "At si nulla valet medicina repellere pestem
> Dardanias veniant artes."

The great aim of all departments of medical education was the relief of human suffering. To this end the students were invited to avail themselves to the utmost of the opportunities presented to them at the hospital, and thus secure the best possible foundation whereon to accumulate and profit by the experience of the future.

## GROSVENOR-PLACE SCHOOL OF MEDICINE.

### DR. WEBB'S INTRODUCTORY ADDRESS.

THE lecturer commenced by impressing on the student the necessity of work, as the only means by which success was to be obtained, and by some general remarks as to the best mode in which work was to be prosecuted, and as to the direction and cultivation of the mental powers. The subjects of study were then considered. The only sure foundation of practical medicine was biological science, the science of life in its widest sense. The connexion between medicine and the various branches of the life sciences was then made the subject of illustration. The following were the concluding remarks:—

"Having thus endeavoured, however imperfectly and faintly, to bring before your minds an idea of the foundation on which medical science rests, I might now go on to sketch the present condition of its special departments—pathological anatomy, etiology, diagnosis, therapeutics, and operative surgery. But I prefer to close this address by endeavouring to impress on your minds some just conception of the dignity and responsibilities of the profession which you have chosen. The dignity of Medicine! I might illustrate this theme by calling, one by one, to your remembrance the illustrious intellects which Medicine has nurtured, which have found in her science a field for their highest activities—in her practice, employment for the most profound sagacity. But so numerous is the catalogue, that I should weary you ere I had recounted a tithe of the illustrious lineage of intelligence to which she has been the foster-parent. Or I might deduce the high rank of the science amongst human pursuits from the enjoyment she is capable of yielding to those who court her for her own sake. I might tell you of Harvey in his latter years, deprived of place and power, drawing happiness and consolation, amidst the wreck of his political hopes, from 'his studies and the observations he had formerly made;' or of Fothergill, who at the termination of a long life, divided between arduous practice and the cultivation of those branches of knowledge on which success in practice depends—while suffering agonizing physical pain, mentally reposing in the calm confidence 'that he had not lived in vain, but in degree to answer the end of his creation, by sacrificing interested considerations and his own ease to the good of his fellow-creatures.' Or I might take you to the pleasant meadows about Berkeley Castle, where, during the progress and culmination of the vaccine discovery, Jenner used to wander, and lose himself in delicious reverie, as the prospect slowly broke upon him of removing one of the greatest scourges of human existence, and becoming the universal benefactor of his species. Or again, I might summon my argument from the heroism which Medicine is capable of enkindling. I might recount the courage of Guy de Chauliac, who, in an age of darkest ignorance and superstition, vindicated the honour of his calling amid the terrors of the 'black death;' or of Gentilis of Foligno, who died a victim to the same pestilence, but not before he had left a treatise, which still survives, upon the disease to which he fell a sacrifice. Or, to come to later times, I might present to your imaginations a picture of Nathaniel Hodges, deserted by his brethren, stedfastly confronting death in its

most terrible form, and braving single-handed the horrors of the great plague in London; or, still nearer to our own era, I might, from amongst a thousand other instances of heroism, recite the story of the young English surgeon who, after the first battle in the Crimea, voluntarily met his fate amidst the camp of the fever-stricken and wounded Russians, and, dying, achieved a glory before which even that won on the steep ascent of Alma pales.

"But I forbear to found my advocacy on the narrow basis of personal history. I would deduce the dignity of Medicine from a higher source, and rest it on a broader foundation. The dignity of Medicine is commensurate with the dignity of the being who is the object of her care. I have hitherto spoken to you only of the physical nature of man, and, as the ultimate object of your study, of the arrest of those processes by which his physical nature tends to death. But man possesses another nature besides the physical—a nature which acts and reacts upon his lower organization, modifying its processes, energizing its activities, and regulating its powers; endowing it with an importance in the life-circle of this planet to which by its intrinsic structure it has no claim. The psychical nature of man, which enables him to know himself, and to recognise, however dimly, from His works, the attributes of the Author of his being, is so inseparably connected with his animal life, that a recognition of and an acquaintance with it are allowed to be indispensable to the human physiologist, and forms a necessary part of the knowledge which you, as physicians, must possess. It is in his psychical endowments alone that the dignity of man consists. The possession of an immaterial, indestructible principle, controlling his bodily actions, and, by their aid, organic and inorganic nature, is the sole real distinction between himself and the lower forms of life. In his anatomical structure man can only be considered as a mammal distinguished by the large size of the encephalon. But even the larger quantity of nervous matter in his organization constitutes only a difference of degree. Recent investigations have demonstrated that every essential part of the human brain has its homologue in the brains of the higher apes; and with regard to other structural differences, they for the most part only evidence the adaptation of the vertebrate skeleton in him to the erect position. It is not on these low, insignificant differences that the dignity of man, as master of the lower creation, and the only terrestrial being capable of rendering reasonable service to the Creator, depends. It is true, however, that all physical science points to the high position which he is destined to hold. Consider for a moment the relations which inorganic nature and life past and present bear to his destinies. He, the last appearance on this planet, the surface of which ages had been preparing for his reception. Rivers, mighty in their ceaseless action, had washed for him the soils of continents and mountain ranges, and deposited through indefinable epochs their treasures on ocean shores, that the rich alluvial soil might form the cradle and support of his industry. Vast primeval forests had grown and fructified and died to supply him the means of spreading commerce, arts, and science over the planet of which he is highest denizen and lord. Myriads of simple organisms had lived their little span of enjoyment, died, and, converted into stone, have yielded him the material for his lofty architecture. The Great Pyramid of Egypt is composed from strata of limestone formed by aggregations of Nummulites; and the proud capital of modern France may be said to be constructed of the minute and complex shells of countless Foraminifera. His advent was heralded by huge mammalian forms, which cleared before him a way into the thicknesses and solitudes of primal vegetation, and fertilized the soil which was to yield him sustenance. They have passed away, and been replaced by other species more fitted to his wants, and to convert for him the simpler products of the vegetable world into higher and more nutrient aliment. The mighty Artificer whose creature he is, and to whom he shall return, has placed at his feet all the treasures of material affluence, all the powers of organic nature. Lord of all, he alone is the vicegerent of his Maker, the head and frontispiece of the results of His creative energy.

"This being, ennobled by the faculties of his intellect, ennobled by the power of holding communion with Supreme Intelligence, ennobled by the subserviency of all inferior creation, ennobled by his future destiny, is to be committed to your care. The responsibilities of medicine are only equalled by its dignity. Never for one moment of your career lose sight of the intrinsic value of each human being—man, woman, or child—who applies to you for assistance. Your lot may be cast in the crowded hives of human industry, or you may minister to the defenders of your country by sea or land; it may be your destiny to stand before nobles and the rulers of this earth, or in lowly workhouse or hospital ward, to pursue your beneficent calling. Still, in all places, and under all circumstances, remember the dignity and responsibilities you by your profession have inherited. I tell you not of material preferment—of titles, rank, or fortune. *Dat Galenus opes* is a maxim the truth of which is of limited application in the present day. But I tell you of higher rewards. I tell you of the pleasure of investigating the material universe, wresting from it its secrets, and compelling it to yield them to the service of your race. I tell you of the high enjoyment you will receive from analyzing the thoughts of the Supreme, and by comprehending them drawing closer the cords of love and reverence, which should ever bind the finite to the Infinite. I tell you of the purest gratification of which our nature is capable—of the enjoyment of alleviating human suffering and pain, of soothing the pangs of infancy, and healing the wounds which manhood receives in its ceaseless contest with external circumstances. I tell you of the happiness derived from the gratitude of your fellow-men—the blessing that shall reach you from the prayer of him that was ready to perish. I tell you of the enjoyment to be derived from a career of noble toil and stalwart industry. And, higher recompence still, I tell you that, pursuing medicine with the aims and intentions I have endeavoured to portray, with a just conception of the dignity of your calling and the responsibilities it entails, ever amid your days of toil and nights of anxiety a voice, soft and still as that which reached the seer of old amid the rocky fastnesses of the Syrian mountain cave, shall whisper to your inmost consciousness, 'Forasmuch as ye have done it unto the least of these little ones, ye have done it unto me.'"

## GUY'S HOSPITAL.

### DR. ODLING'S INTRODUCTORY ADDRESS.

THE lecturer began by adverting to the want of confidence felt by a large portion of the public in the scientific principles upon which the art of medicine was based. His object was to convince his hearers at the outset of their careers of the certainties of medical science, and to encourage them to pursue the study of medicine in a spirit of philosophic inquiry. For this purpose he wished them to consider the relation in which medical knowledge stood to natural science in general. He argued that the object of medical knowledge, like that of all natural science, was the investigation and association of phenomena; that its progress, like that of all natural science, was by the development of general laws; and that its attainment, like that of all natural science, was through an observation and interpretation of nature.

He objected to the common definition of natural science as the knowledge of causes and their effects, and maintained that it was really the knowledge of phenomena and their associations. The former definition would almost exclude chemistry and biology from the domain of natural science, but the wider definition would lead them to perceive that the general truths of physics, chemistry, and biology were strictly analogous to one another. He proceeded to show that there was no greater knowledge of the causes of those physical phenomena, simple or complex, in describing which the language of causation was usually employed, than there was of the causes of vital phenomena. Scientific investigation, whether physical, chemical, or biological, was essentially a search after facts and relations, not after ultimate causes, nor indeed after secondary causes, except in a very limited way. He thought the definition of natural science as a knowledge of causes and their effects objectionable, as tending to create in men's minds an unfounded separation of associated branches of knowledge.

He next referred to what were usually spoken of as the laws of nature. These, he considered, existed less in nature than in the human mind. They were not God's full expressions, but man's imperfect conclusions. All observational laws, of the lowest degree of generality, whether physical, chemical, or vital, were or had been inexact. As they became more abstract they became more perfect; but it was only when laws of the highest degree of generality were arrived at that all variation and exception disappeared. There was no law in medicine comparable to the law of gravitation; but then there was no law comparable to it, for accuracy, simplicity, and universality throughout the whole range of human knowledge. But it must be remembered that the law of gravitation referred only to motion, the most simple and obvious of all the affections of

matter. The laws of medicine, however, were strictly comparable with many recognised scientific laws, and particularly with those of the natural history sciences.

For the study of medicine as a part of natural science, there was required an education of the senses to secure correct observation; an education of the judgment to secure sound generalization, and an education of the moral character to secure honest verification. The power of accurate observation was not by any means an intuitive faculty or even a common attainment. Unfortunately the education of the senses was all but totally neglected in most institutions for general education. As every branch of study tended to the special development of some one set of faculties, so it was found that medical study, more perhaps than any other, tended to the development of the powers of observation. In the wards, the museum, and the dead-house they would meet with no scanty supply of material on which to base their observations. He would not underrate the value of the oral teachings they would receive; but he thought it impossible to overrate the value of the opportunities afforded them for correlating those teachings with the results of their own observation.

Their investigation of disease would soon satisfy them of the calls which were made upon the judgment of a medical man. He had to exert his scientific judgment so as to interpret rightly the phenomena of the disease presented to him, to foresee the course it would take, and the conditions to which it would give origin; and, guided by his knowledge of the natural history of the disease, of what it was and what it would be, had to exert his artistic judgment as to how he should act. But there was a still higher function for the judgment of the philosophic physician—namely, the interpretation, not of some particular case of disease, but of disease in general, so as to effect an advancement of medical knowledge. It was the honourable distinction and privilege of a student of medicine to be engaged through life in the pursuit and exploration of truth, and in the acquisition and extension of knowledge. In their professional careers they would all acquire experience, but they must also educate their judgment and invention in order to interpret their experience. They must not be deterred from pursuing their investigation by the appearance of irregularity and inconsequence which many medical phenomena presented. The study of various branches of advanced scientific knowledge had established the conclusion that in every natural phenomenon the complexity was apparent, the simplicity actual; that in every seeming irregularity there was a real regularity waiting to be discovered. They might doubt the accuracy of any recognised interpretation of disease, provided they were thereby stimulated to achieve a better interpretation; but they must not doubt that susceptibility to ultimate interpretation by which all natural phenomena were characterized.

In forming their own interpretations of medical phenomena, their object must be the truth, and not vainglory. They should therefore rather invite than decry criticism, no matter how searching. The criterion which, perhaps more than any other, distinguished a philosopher from a charlatan, was the desire of the one and the fear of the other to submit his views to the rigid scrutiny of an opponent. All men loved truth in the abstract, but few loved that particular truth which was subversive of their own opinions. It required an education or mental discipline to overcome the propensity that existed in all men to disregard the results which opposed, and to exalt the results which supported, their own theories.

In conclusion, he warned his hearers against that barren scepticism which resulted in indifference, and advocated that fertile scepticism which resulted in exertion. He assured them that the science of medicine was a reality, based on the interpretation of nature; that its phenomena were amenable to general laws, and that its problems invited their investigation. He maintained that the study and practice of medicine constituted one of the most dignified and worthy pursuits to which they could devote themselves; that they were to be throughout their lives students of God's works and benefactors of his noblest creatures.

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## KING'S COLLEGE.

### INTRODUCTORY ADDRESS BY PROFESSOR R. BENTLEY.

THE lecturer commenced by stating, that the task which he had to perform was one of peculiar difficulty, from the fact of his having no new ground to pass over; for the path had been trodden so frequently, so thoroughly explored by previous travellers, that upon looking back on the pathway of time he could find no fertile spots to dwell on; all the flowers and fruits, however insignificant, had been culled, and the plants from which they had been obtained left withering on the road. A path thus leading to no new and fertile pastures, with no flowers or fruits to be gathered, with scarcely a weed even by the road-side to cheer the weary traveller on his journey, was not, he said, a very inviting one at any time to the deliverer of an Introductory Address, and when, as on the present occasion, the prelector was a botanist, who was never at ease without his favourite way-side weeds to enliven him on his journey, and who when removed from his own special subject was like a plant out of its natural habitat, the task was rendered even more difficult and uninviting. He then proceeded to give a cordial welcome to those students who were returning to pursue their studies, and to those who were about to commence them. The future remarks of the lecturer were addressed almost exclusively to the in-coming students. He congratulated them, firstly, on having chosen the profession of Medicine as the sphere of their labours; for although life was a great mystery, the study of the wonderful and complex mechanism through whose agency it was manifested, was of itself one of the most exalted of pursuits; and when to this was added the prevention and alleviation of human suffering, and the study in connexion with it of the great principles and laws of natural phenomena, what profession, said he, except that of the Divine, could bear comparison with it, either in the ennobling nature of its pursuits, or in the sublimity and benevolence of its aims? He then proceeded to congratulate them on the present prospects of the medical profession, referred to recent changes which had taken place in their courses of study, and especially insisted on the value of preliminary examination in general subjects, which he regarded as the most important advance which had been made in the medical profession for many years. With respect to the advantages of a good general education, he said that, as the student had to master a great variety of subjects in the course of his professional career, such a foundation, by training and developing the mental faculties, storing the mind with material which he would have constantly to apply, and by the habits it would have led him to pursue, formed the best basis for his future success and his position in general society.

He then passed in review the different subjects comprised in the medical curriculum, alluding more particularly to those of their first year's study. In doing so, he first dwelt upon the absolute necessity of a good theoretical as well as practical knowledge of anatomy and physiology. Then alluding to chemistry, he said that there was no part of their professional studies which it did not illumine to some extent with its rays, and for the proper understanding of which it was not more or less essential. He then touched briefly upon the advantages to be derived from practical chemistry, materia medica and therapeutics, comparative anatomy, and botany. With respect to the latter science, it had always been regarded as an important part of the education of the medical student, although just at present it was apt to be neglected. Professor Bentley then illustrated its advantages in its applications to materia medica, and its especial value to those who would hereafter be called upon for service abroad. Then an acquaintance with botany would give a practitioner the clue to the properties of the plants around him, so that in case of a deficiency or want of supply of the medicines which he was in the habit of employing, he might look about for efficient substitutes, and thus frequently have it in his power to alleviate or cure diseases, which, if he were ignorant of botany, could not be the case. The advantages of botany in elucidating much that would be otherwise obscure in human anatomy and physiology were then briefly alluded to; as also its importance in practical medicine, in the diagnosis of skin diseases, &c.; and its bearings upon toxicology and sanitary reform. In reviewing its advantages, Mr. Bentley stated, that so far from botany being of but little importance to the medical practitioner, he thought he had said sufficient to convince the most sceptical that, instead of such being the case, the time allowed for its study was by no means commensurate with its importance. Medicine, surgery, midwifery, and forensic medicine were then noticed, and the importance of the latter especially insisted upon.

He then congratulated all connected with King's College in now having an hospital of which they might be justly proud; for in the general excellence of its arrangements, completeness, and in the advantages which it possessed for the most efficient clinical teaching, it was second to none. He also alluded with gratification to the fact of a ward being especially appropriated to lying-in patients, an arrangement which could not but be of great service to the student of midwifery.

Professor Bentley concluded by a few general remarks to

students, in which he especially insisted upon the importance of a methodical arrangement of their time; urged them to avoid all frivolous amusements—all contaminating influences, which weakened the body and debased the mind; impressed upon them to be regular in their attendance upon lectures, for he said that there was no way in which the great principles of a science could be so readily and so pleasantly acquired as by regularity of attendance in the lecture theatre, and diligent application whilst there present. He then referred to note-taking, and recommended the student to be careful not to attempt to do more than take down the heads of the lectures, because if he attempted too much his attention would be diverted from the lecturer, with his experiments and specimens, and the especial value of a lecture over reading would be lost. The Professor then insisted upon the necessity of earnestness and steadiness of purpose in all their studies, for then all the difficulties they would have to encounter would give way just as the mist of the morning was dissipated by the noon-day sun. In conclusion, he admonished them, whilst they were earnestly and steadily devoting themselves to the pursuit of those branches of secular knowledge which was the business of their lives, not to forget that they had a still higher duty to fulfil—to prepare themselves for a nobler and a better world hereafter. He said: "Let the great fundamental principle upon which King's College was established—*sancte et sapienter*—be ever before you in all your actions and in every step of your lives. You have a great and noble profession—one second only to that of the divine one—that will bring you constantly into contact with the dead and the dying,—and one, therefore, that, unless you are wanting in all the best feelings of humanity, must force you to think continually upon your ultimate destiny. However arduous may be your studies therefore—however secular pursuits may require your attention—never forget that it is your first duty, your greatest privilege, as it will also be your greatest comfort, to ask God's blessing on all your undertakings."

## LONDON HOSPITAL.

### DR. RAMSBOTHAM'S INTRODUCTORY ADDRESS.

THE lecturer began by saying that Hesiod, nearly three thousand years ago, wrote Ἀρχὴ μὲν παντὸς—*when a man has begun a thing he has half finished it;* that Horace subsequently expressed the same sentiment—"Dimidium facti qui cæpit habet;" and that he himself felt the force of the proverb in his present address, for the annual recurrence of such demonstrations rendered the selection of a subject and the commencement of the undertaking the chief difficulty.

It was not his intention to carry his auditors along the well-beaten road which leads to the conclusion that Medicine is a divine art, and that each practising physician deserves the compliment paid by Homer to Machaon when he called him ἰητῆρος φῶτ; or that Cicero was fully warranted in writing "Hominum ad deos nulla re propiùs accedunt, quàm salutem hominibus dando." Nor did he intend to work out any physiological problem, or endeavour to prove the correctness of Paley's remark, that in the earliest stages of development there is no difference discernible between a frog and a philosopher. But he wished it to be a plain, practical address, conveying such advice to those entering on their medical studies as might help them over a stile or two in life, and remove some impediments encumbering that path which would conduct them possibly to distinction, at all events to usefulness.

He proceeded to argue that such assemblages as meet on these occasions are not without their value; that the presence of the teachers might be taken as an earnest of their desire efficiently to fulfil the duties they had undertaken to perform; and that while they devoted themselves to their pupils' interests, they expected in return a diligent and steady co-operation from their classes during the whole period assigned to the prosecution of their new studies.

On entering these studies, two questions naturally propose themselves to the mind: first, What are the intents and objects held in view?—secondly, How can these objects be best carried out, accomplished, and attained? With regard to the latter question, the object is to be gained by reading, lectures, independent thought, and carefully observing disease by the bed-side. Books are as useful to the student of medicine as a chart and compass are to the mariner; and they require to be selected with equal care, and to be used with equal discrimination; they should be considered as accessories to our own resources, and as models on which to shape the fashion of our thoughts. Perhaps in this age one of the student's chief faults is that he reads too much and thinks too little; and if we do not habituate ourselves to reason on what we read—if we allow books to supersede original observation, we not only resign the independence of our intellect to another, but we run the risk of sinking into a state of listless indolence, that must exert a baneful influence on our whole future life.

> "Who reads
> Incessantly, and to his reading brings not
> A spirit and judgment equal or superior,
> Uncertain and unsettled still remains,
> Deep versed in books, but shallow in himself."

Much of this is true when applied to lectures. It is difficult to surmount any branch of scientific knowledge by independent labour; but the lecturer steps in as a valuable coadjutor, and becomes to the student what a guide is to the traveller in an unknown country. The object of a lecture is not only to convey information in an easy and familiar manner, but to stimulate the student to investigate for himself the truth of his teacher's doctrines, by comparing what he hears in the class-room with the writings of other authorities. There are two prominent defects in lectures, though both can be obviated by the student himself: the first is, that if only one out of the course is missed, the whole chain is broken, and the link very difficult to supply; the other, the chance that what is so easily and lightly won may be as easily and lightly lost. For the memory is retentive in proportion to the labour undergone in storing the subject in the mind; and it is clear that the mere attention to a lecture entails but little mental labour. But the exercise of the class room must be considered only preparatory to the careful observance of disease by the bed-side, without which the most profound theoretical physician would be deficient in the very essence of his profession.

He then noticed the revolution that has come over the profession, owing to the operation of the new Medical Act, and the determination of the College of Physicians to grant a qualification to the general practitioner. He thought this the natural consequence of the altered position in which the College now stands in reference to the profession at large. Having been deprived of the puny privileges they heretofore enjoyed, since they can no longer compel the allegiance of university graduates, they invite other volunteers to join their standard under fresh auspices and new enactments. He considered the propriety of this move evidenced by the high position in society which the general practitioner now occupies; being, in fact, the family physician to the large mass of the community, he has a right to claim that he should be publicly acknowledged as such. The day of the apothecary has passed away; indeed, to apply the same title to the accomplished gentleman of the present day which was given to the apothecary of the sixteenth and seventeenth centuries is a libel on his character, and an insult to the understanding of the age. Nevertheless, we must all acknowledge that great credit is due to the Apothecaries' Society for the successful efforts they have made towards raising their alumni in the social scale. They were active while the physicians were supine; and to their example may be chiefly attributed the advantages which have accrued from the wide diffusion of professional knowledge in this country. But the time has come when they should relinquish their charge, for they must see that the introduction within the portals of a liberal profession should be no longer left to the guidance of a trading company, however respectable both in station and intellect the members composing their board may be.

Dr. Ramsbotham then strongly advised his pupils, notwithstanding the amount of knowledge required from them by their medical examiners, to dedicate some time occasionally to keeping up their classical acquirements, as well as any of the modern languages they may have become acquainted with during their school days, the gratification as well as advantage from which they will in after-life be very ready to acknowledge. He also recommended them to cultivate the art of public speaking, a graceful accomplishment for the most part altogether ignored in the seminaries for our youth. He stated his conviction that the general opinion that eloquence is a natural gift was a great mistake; and instanced Demosthenes, who transcribed Thucydides' History eight different times for the purpose of perfecting himself in oratory; Brougham, who said he wrote the peroration to his speech in defence of Queen Caroline sixteen times before he could finish it to his mind; and Sheridan, who, when he had any particular speech to deliver in Parliament, used to lie in bed all the morning to compose it. This showed the discipline necessary to make an accomplished orator. He recommended that during their periods of leisure

the rising generation of medical practitioners should drill their minds to the choice of words suitable for particular occasions, and should habituate themselves to fashioning sentences and rounding periods; and he remarked that if Demosthenes, Brougham, and Sheridan condescended to rehearse their speeches, no man need feel it beneath him to imitate such illustrious examples.

In his pilgrimage through life, the medical practitioner must be prepared to encounter jealousies and envy; for so delicate a profession as that of physic is peculiarly obnoxious to their blows. He may, indeed, have to withstand the stinging malevolence of disappointed rivalry, the open attacks of malice, or the secret whisperings of calumny; the best safeguard against which is a life of rectitude and probity, an unspotted character, and an honourable line of conduct. He may perhaps also have to bear the disappointment of seeing himself outstripped in the course over which he is toiling by one whom he knows to be altogether his inferior; for the public are but bad arbiters of medical skill. At the bar and in the pulpit, shining talents must be appreciated, because they are prominently brought forward; and the engineer and the architect find plenty of opportunities to display their powers before an admiring multitude. It is not so in medicine. None but a medical man can judge of the medical attainments of a brother practitioner, and consequently the estimation of the world is often disastrously at variance with the candidate's deserts. He will have also the annoyance of contending against the encouragement given to quackery. From the earliest ages this has been a thorn in the side of legitimate medicine, and probably will continue so as long as human nature is afflicted with corporeal maladies.

Dr. Ramsbotham concluded an eloquent address by saying—"One species of this kind of folly runs riot even in high places, and amongst the *élite* of the land, countenanced, I am sorry to be obliged to confess, by some disloyal deserters from our own ranks. I feel assured I need not caution you against being led astray by such 'mischievous absurdity.' The gain of gold will not counterbalance the loss of professional respectability, nor even of self-esteem. Sedulously avoiding, then, the puerilities of homœopathy, the juggle of animal magnetism, or the blasphemies of spiritual manifestations, early accustom yourselves to search for Truth. She is coy and retiring, and to be fairly won must be ardently wooed; but, though shrinking from the gaze of the world, she rarely flies from her sincere and devoted worshippers. In this way you will arrive at what should be the summit of your desires, the haven of your hopes: you will command the regard of your fellow-men; you will live useful and honoured; you will in time accumulate those temporal goods which seldom fail to requite the industrious labourer in every walk of life; and you will ensure that reward which is greater than wealth or titles, 'the blessings of thousands on your successful skill.'"

## ST. MARY'S HOSPITAL.

### INTRODUCTORY LECTURE BY MR. SPENCER SMITH.

THE lecturer, after a few preliminary remarks, said, the students would naturally expect that his next duty would be to hold out the hand of fellowship to them, to welcome within those walls, as the portals of the profession, all who had sought the hospital, to congratulate them on the choice of a profession, or perhaps to offer some advice as to the manner in which they should prosecute their studies, and the habits of industry, self-culture, and discipline which each should practise who professed to take upon himself at some future time the most serious responsibility of a practitioner of medicine. Their professional studies, however, were all arranged for them; a well-considered and well-defined path was laid down already, and one which he earnestly advised them to follow closely, as admirably adapted to save them useless labour and reading, and to conduct them, step by step, in professional knowledge, adding subject after subject in just that order in which they were made most useful to them in their studies, and in which they could best apply them. The body, as they would soon learn, was not necessarily nourished by what a man ate, but by what he digested; and the analogy held good with the mind. He thought, as a teacher in a public school, he was bound to take advantage of that public opportunity to tender his cordial thanks to the Board of Examiners of the Society of Apothecaries for the part they took in years past in this particular, and to state his convictions that to them was mainly due the improvement in medical education, and consequently in the general status of the profession, which late years had made so manifest. They were the first to raise the character of the professional examination, and to lay down a curriculum of study in any way worthy of the student of a branch of science. He must be permitted to express the confident opinion that the presence of their element was essential to the construction of any body which professed to deal with the education or interests of the general practitioner, and that after their past services in that cause it would be a shame and disgrace somewhere if they were not allotted a position in any board of examiners entrusted with similar functions. Upon their course of study, therefore, he had nothing to offer. Upon the separate subjects of their studies in the hospital he had as little to say, for they would be introduced to them in far more captivating and attractive terms by his several colleagues, each in his own department, than he could hope to place them before them. He stood for the time being, most unworthily he felt, but still he stood in the doorway of the temple. They had not yet received so much as a welcome within its portals, nor dare he offer them one until he knew in what spirit they sought admission into it. Let them not misunderstand him. He addressed them in no spirit of pride and coldness. He loved the society, the enthusiasm, the aspirations of youth, and he would not for the world deter any one of his hearers from taking the steps which he now proposed to himself; but it was this very interest in them all, added to his solemn duty to his profession, which obliged him to call upon every one of them to examine himself conscientiously as to his motives for choosing the medical profession as his life-long occupation. "What can that signify to you?" many would think. To him nothing as an individual, but to them it was everything; to them, according as they made choice of it in one spirit or in another, it would be noble and ennobling, or a source of life-long bitterness and vexation. He had introduced this subject, which at first sight seemed to be an unpleasing one to them, because he had always felt confident that many or most of the so-called evils of the profession were so constantly heard of from the lips of grumblers within its ranks—such was the want of confidence on the part of the public, the low status assigned to the profession in public society, the backsliding into various phases of quackery on the part of its members, the ill-feeling and low tone of conduct of professional men one to another, and the consequent wail for the codes of medical ethics (as if a man who did not feel his duty towards his neighbour could ever be made to do it by any moral law). He said he had always felt confident that these and many other such blots upon their professional escutcheon were to be traced to the hasty or inconsiderate choice of the profession as a means of livelihood. What had been the motive principle in their choice of this noble, honourable, and sacred calling? for so the wisest and best of men had designated it. Was it wealth? Was it power? Was it dignity—elevation amongst their fellows? In a word, was it self? If so, he recommended them to abandon it, to give it up while yet they might. It would never repay them. It was the worst trade, and took the worst position as a money investment in the world. As to power, where were the doctor's dependents? Whom could he influence? Upon whose shoulders was he to ride to it? For public dignity and position they might sigh in vain. The deeds of the politician, the lawyer, the warrior, affected the community at large; those of the medical man for the most part affected it only through the individual member. He fancied he thought he heard some of his young friends say, "But I have a true thirst for knowledge and love for science, and am willing to bring my best talents to bear upon this branch of it; and am I not to expect that my profession will furnish me in return with a subsistence?" Undoubtedly it would; but if that was all a student brought to it, he would be one of the aforesaid grumblers by and by, and would be heard declaring that if he had used the same amount of intellect and perseverance in any other occupation he might have commanded such rewards as the world set most store by. But he dare not dwell longer on that view of the picture, lest, as he said before, he should make it unlovely in their eyes—the very opposite of his wishes and intentions. Let them give him their hands and hearts while he attempted to place the matter in another light. Let them listen to Francis Bacon, the spiritual father of modern science, to whose philosophy they owed medical and sanitary science, and who owed his philosophy to his Christianity. "But," says he, "the greatest error of all the rest is the mistaking or misplacing of the last or furthest end of knowledge; for men have entered into a desire of learning and knowledge, sometimes upon a natural curiosity and an inquisitive appetite, sometimes to entertain their minds with vanity and delight, sometimes for ornament and reputation,

sometimes to enable them to victory of art and contradiction, and most times for lucre and profession, and seldom sincerely to give a true account of their gift of reason to the benefit and use of men; as if there were sought in knowledge a couch whereupon to rest a searching and restless spirit, and a terrace for a wandering and variable mind to walk up and down with a fair prospect, or a tower of state for a proud mind to raise itself upon, or a fort or commanding ground for strife and contention, or a shop for profit and sale, and not a rich storehouse for the glory of the Creator and the relief of man's estate." Here, then, was the true motive principle declared. Theirs was really to be "a calling." They were to study one branch of science, or not if they liked, with a view to become God's ministers to their fellow-men in their darkest hours of pain and distress. They were to become an appointed agent between their Creator and their fellow-men. They were so to gain knowledge, that with it they might better perform their duty to their Maker and their neighbour. And what a splendid prospect did this view of their noble art open to them! Could privilege be greater? If his duty, as he had said, was not with the public, and did not, therefore, conduct him to public rewards, yet he was repaid in the private estimation of his patients. Who so loved, so respected, so trusted as the physician? Who in the whole range of society held such an intimately close relation to his neighbour? His very presence, and the assurance from his own lips that nothing could be done, was constantly found to be a mighty relief to the suspense of the bed of death. But was that all? Was there no field in their profession for scenes of greater excitement which might assimilate with the powers and age of the students? Let them think upon the tremendous responsibilities of the bed-side confidences poured into the ears of the profession; the position of individuals; the honour of families entrusted to them. And was there no field for heroism amongst them? Where so much? Did the warrior monopolize true courage? Certainly not. He (the lecturer) honoured him, and would not detract one iota from his position. But it was said by those who had been in actual warfare that the very universality of danger took away all power of realizing immediate risk. How different the position of him whose daily course of duty lay in fever districts in times of epidemics, or in the over-crowded fever wards of camp hospitals! And they had their heroes too. Who would draw back from the fraternity of which the immortal Harvey, Hunter, and Jenner were members? Who would not rather claim kindred with them than with the greatest politician on the roll? Yet how different their reputation in the world! Whoever knew of Harvey out of the profession? How little did men estimate his great discovery, or its influence on the very science to which they nevertheless looked every day for aid and comfort! On the other hand, the name and fame of Newton was well known and appreciated in every village-school. But medical men must be content to labour in a very small work; but let them not be disheartened. The land, the world, was well nigh covered with our tiny spheres, and we are doing good work. Still, above all these incentives to the right choice of their profession as an honourable means of subsistence, he held there was yet a greater. It was the only calling, when practised on the views he had insisted on, regarded in the true Baconian light, on which, as he conceived, a man could honestly ask his Maker's blessing day by day. He knew that he was on delicate ground. He might make comparisons, but he had no wish—he had no right to do so. They were there to deal with their own profession, and need not travel beyond it for material for illustration. But, looking at what was going on around them daily in the other professions and occupations, the gradual lowering of tone and principle in some, the uprooting of fixed principles in others, he thought the man who desired to live a useful life, in constant communion with, and in strict obedience to the dictates of the still small voice within him, could not serve his neighbour and his Maker better than in the medical profession. The lecturer proceeded at some length to advise the students as to their conduct while pursuing their career.

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## MIDDLESEX HOSPITAL.

### DR. MURCHISON'S INTRODUCTORY ADDRESS.

AFTER paying a feeling tribute to the memory of the late Dr. C. T. Coote, by whom the introductory lecture of last session was to have been delivered, Dr. Murchison said,—"It is not my intention to discuss the social, the moral, and the religious duties of the medical student, which differ but little from those of his fellow-men; but I shall endeavour to make a few remarks specially adapted, on the one hand, to those of you who are commencing or still prosecuting your studies, and, on the other, to those who are about to turn the instruction which you have here received to practical account.

"And first, I would address those amongst you who are commencing, or who have but recently commenced, the study of medicine. You must never forget that you come here to acquire knowledge. The possession of knowledge constitutes the real distinction of one man above his fellows, and elevates the human race above the beasts which perish; while the prosecution of knowledge, in a right direction, is the best use that we can make of the talents which have been entrusted to us, for by this we may hope to glorify our Creator and ameliorate the condition of our fellow-men. Now there are three faculties which are concerned in the attainment and the increase of knowledge—the acquisitive, the productive, and the communicative.

"The communicative faculty I need not dwell upon, as it concerns myself and my colleagues more than you; but this I may say, that whether in the lecture-room, the dissecting-room, the wards of the hospital, or the post-mortem theatre, we have your instruction and advantage at heart, and that we trust you will never fail to apply to us in every difficulty which you may encounter in the prosecution of your studies. There is one way, however, in which you may call the communicative faculty into operation, and that is by communicating your knowledge one to another, and by questioning one another in the various subjects which you are studying together. Such a practice will give you the truest information as to the progress you are making, and will form the best preparation for the examinations hereafter.

"The productive faculty is that by which a man avails himself of the knowledge he has already acquired, in order to extend its boundaries by drawing from it fresh inductions and discovering new facts. It is the acquisitive faculty, however, which they who are commencing their studies must especially call into play."

Dr. Murchison, after enumerating the various branches of learning in which the medical student should be grounded before commencing the study of medicine, referred to the great value of the recent recommendations of the Medical Council in respect of preliminary education, and said,—"In order to command the respect of society and maintain the dignity of his profession, the medical practitioner must know something more than the mere practical duties of his calling. He ought to be at least the equal in point of general education of his associates in society. ..... There is one great benefit which must soon result from the new regulations recommended by the Medical Council, and that is, the abolition of the system of apprenticeships—one of those links which have served to connect the profession of Medicine with a trade. Nothing has contributed more than this system to lower the standard of education, both general and professional, amongst medical men in this country. And the reason is obvious. The young man wastes those very years of his life in serving as an apprentice which ought to be devoted, and which in future must be devoted, to the acquirement of the general knowledge necessary for entering upon the study of medicine; while the smattering of practical information which an apprenticeship affords but too often unfits its possessor for commencing his professional studies in a scientific spirit."

Dr. Murchison then continued as follows:—"I shall now proceed to point out to you the nature of the knowledge which you have come here to learn. The science of medicine, regarded in a comprehensive way, is nothing more than an applied branch of the natural history of man, in connexion with other departments of natural science. An eminent French comparative anatomist has well observed that, in order to comprehend the nature of any organized being, it must be viewed in two aspects—first, in its static condition, or in reference to its structure and composition in a state of rest; and secondly, in its dynamic state, as regards the phenomena of the structure in motion. Now, this double mode of viewing an organized being embraces the whole of the principles of the study of medicine."

The lecturer then specifically described the relation of each branch of medical study in its statical and dynamical aspect, and concluded with a few words of advice to the students during the prosecution of their studies, from which we extract the following:—

"Again, you must beware of devoting too much time to the study of one branch of medical science in preference to others. You must not be an anatomist, a physiologist, a pathologist, a chemist, a stethoscopist, or a microscopist, but you must be all combined. In like manner, of the three great branches of prac-

tice, medicine, surgery, and midwifery, you must not study one to the exclusion of the others. Although in after-life it may be expedient that you follow the bent of your inclinations, or the force of circumstances, and prosecute one branch of medical science or practice exclusively, yet as students it is your duty to master all; for none of you know the circumstances in which you will hereafter be placed, while your success in an individual branch will greatly depend upon your general knowledge of all.

"As regards the somewhat vexed question of note-taking, I believe that the practice is subject to great abuse. If you take lengthy notes in the lecture-room, your attention will be transferred from the facts to the notes; you will acquire a habit of trusting to your notes in place of your heads, while the very best notes will be inferior in accuracy and details to the text-books in your hands. The notes which you take in the lecture-room should be little more than brief memoranda of the subjects discussed by the lecturer. There is one form of note-taking, however, which ought to be practised far more than it is, and that is taking notes of the cases which come under your observation in the hospital. During your hospital attendance you ought constantly to be watching two or three cases in particular, with regard to which you note daily, or even twice in the day, the symptoms, the treatment, the clinical remarks made by the physicians and surgeons, and the post-mortem appearances in fatal cases. Such notes will afterwards prove invaluable, because the information they convey cannot be derived from books, being founded on your own experience. This may be called practical note-taking, and this leads me to say that the more practical you can be in every branch of your studies the better. I do not use the term practical in its ordinary medical acceptation, as opposed to scientific; but I mean that you should neglect no opportunity of seeing and observing the facts of nature for yourselves.

"Lastly, your attendance at this hospital and the duties of your subsequent lives will bring you much into contact with the poor. Be always careful to treat the poor man with due consideration and respect, and look not upon his sufferings as merely intended for your instruction. Whatever be the degradation of your patient, he demands an equal share of your sympathy and skill as a millionaire or a noble of the land. It has been justly observed that 'one of the most refining and elevating influences to which the medical profession is subject is the dependence of the mass of the poor upon it for aid in the great crises and afflictions of life;' and if this be its influence upon you, your charity will carry with it a reward more valuable than gold."

Addressing those about to enter practice, Dr. Murchison said: "You must not cease to study and to work because your student days are over. 'Human knowledge is never stationary or complete: its essence is progress. What is the goal to-day will be the starting-point to-morrow.' To no department of knowledge is this truth more applicable than to medical science. It will be your bounden duty to call into play the *productive* faculty of your intellects; you must not be satisfied with the knowledge you have acquired, but you must avail yourselves of every opportunity to increase it, and to add to the common stock.

"There never was a period in which so many questions of grave importance agitated the minds of the profession, and called for earnest labourers in the field of investigation, as the present. Opinions are still divided upon the great bloodletting and alcohol controversies. There are many who believe that the living race of practitioners err as greatly in bleeding too little as our forefathers did in bleeding too much. Nothing is definitely settled as to the administration and the mode of action of alcohol in disease. Recent researches discredit the hypothesis that alcohol is to be regarded as *food* in disease, and show that in the inordinate quantities in which it has lately been the custom to administer it, its tendency is to disturb all the vital functions and counteract the *vis medicatrix naturæ*. A fundamental blow has thus been struck at the fashionable revival of Brunonism, which is believed to be responsible for the origin of habits of intemperance amongst some of the patients who survive, and for dismissing not a few drunken and unconscious to another world. But, indeed, the entire subject of therapeutics is yet in its infancy. In the whole range of medical science there is nothing so urgently demanded as carefully conducted observations on the mode of action of remedies.

"If you turn from the treatment to the prevention of disease, you will see that, notwithstanding the rapid strides with which preventive medicine has advanced, it still offers a wide field for the labours of the philanthropist, and promises results fraught with benefits to the human race as great as those which have immortalized the names of Howard, Cook, and Jenner."

After dwelling upon the great field for research opened out by statistical medicine, the necessity for studying the natural history of disease, and the questions of present interest in pathology and surgery, Dr. Murchison observed:—

"It is for you to investigate and elucidate these and many other questions in medicine and the collateral sciences. Launched into the sea of life, you must cease *jurare in verba magistri;* but must learn to observe for yourselves, and to observe correctly, never forgetting the maxim of Rousseau—'The truth is in the facts, and not in the mind which observes them.' To each of you a talent has been committed, for which you must render an account. All of you will have it in your power to leave your footprints on the sands of time, and to contribute something towards the rearing of that glorious edifice of medicine which was founded upwards of 2000 years ago, and has been bequeathed as a precious legacy by our forefathers, and which it is our duty to hand down to posterity amplified and adorned.

"But, Gentlemen, you must devote yourselves to the prosecution of Medicine for its own sake. The honours and emoluments which the medical profession holds out to its votaries are indeed few. When it is recollected that medical men are virtually excluded from the highest honours of the State, and that it is in vain for even the most distinguished to aspire to a peerage, it is plain that the Preacher's injunction, 'The physician shall receive honour of the king,' is in this country all but disregarded. Almost the only prizes which the profession at present offers to its members are extensive practices with lucrative incomes. But it may be doubted if these so-called prizes are not in many ways the bane of our profession. Unfortunately there exists no necessary relation between the popularity of a practitioner and real professional worth; while nothing can be more deplorable than to see a medical man prostituting his time, honour, and talents, the interests of his professional brethren, and the welfare of his patients, to an inordinate love of money, or a desire of being thought great and consequential. ..... At all events, you must not permit yourselves to regard a large practice and great income as the main objects of your lives. ..... You must beware of regarding your profession in a commercial or mercenary light. Your business, like that of the clergyman, is with human beings, and not with commodities which can be bought and sold. 'Knowledge is not a shop for profit or sale, but a rich storehouse for the glory of the Creator and for the relief of man's estate;' and certainly to no department of knowledge are these remarks of England's first Lord Chancellor more appropriate than to Medicine. ..... The substitution of the new licence of the College of Physicians for that of the Apothecaries' Hall, together with the determination of the Medical Council in respect to preliminary education, will unquestionably effect a mighty revolution in the medical profession, and, by elevating the thoughts and aspirations of each individual member, will exalt the status of the entire body. Never sacrifice your truth and honour to personal advantage and professional advancement. You must be more careful to deserve distinction than to seek it; and above all, you must beware of seeking it at the expense of your neighbour, and by means which the still small voice of conscience will tell you to be not strictly honourable. No legislation, nor any system of medical registration, can put down quackery, or even exclude irregular practices from our ranks; these objects can only be attained by individual medical reform. Every one of you must be scrupulously circumspect to do nothing which might be construed into a support of such practices on your part. You must not only abjure quackery and unprofessional conduct in every form yourselves, but you must lend no countenance to them in others. You must show the public by your conduct how great is the difference between you and the pretentious charlatan, and you must never consent to meet such a person on terms of professional equality. ..... Ever bear in mind that your calling is a sacred one—that it is your blessed privilege to imitate the example of the Great Physician, and to go about the world doing good. Not a day will pass but you will have it in your power to alleviate suffering, to heal the sick, and to minister consolation to the dying. But be careful not to incur the charge of abusing these great privileges. Let not familiarity with disease and death, and the frail emblems of mortality render you callous to the effects which they naturally produce upon the mind. When you are called upon to witness the flickering and extinction of the flame of life, remember that ere long you yourselves will be the principal actors in such a scene, and that then you will have to account for the privileges

and talents entrusted to you on earth. Think what that account must be if you make the sacred privileges of your calling and the sufferings of humanity entirely subservient to the attainment of wealth and worldly distinction. Above all, 'Seek ye first the kingdom of God and his righteousness,' and be assured that 'all these things shall be added unto you.'"

## ST. THOMAS'S HOSPITAL.

### INTRODUCTORY LECTURE BY DR. BERNAYS.

AFTER a few preliminary observations, the lecturer proceeded to address the new students as follows:—"I presume you have given some thoughts to the subject, and that many of you have adopted from genuine choice the profession of medicine; if not, let me ask you to pause and consider what is committed to the care of the physician: the sacred life of man. This is no mean thing; nay, rather, is there any greater calling? The medical practitioner should be a gentleman, if not by birth, by feeling and education—able with discretion and delicacy to administer, not to the body alone, but to many a diseased mind. And he must have knowledge. How can a man who is deficient in intelligence and integrity practise such a profession? You will then admit your responsibilities to be very great. It behoves you well to understand by what course of cultivation your minds may become best fitted to engage in these pursuits. As regards your medical studies, your course is perfectly clear and straightforward. You have not to select for yourselves; the curriculum has been decided for you. Some subjects are more important than others: to these give your best hours. As a rule, read but few books; select them well, and master them thoroughly, and you will learn far more than the smatterer in many volumes. Accept with perfect confidence the statements of your teachers until you are convinced of their untrustworthiness. Thus you will be saved much waste of time and labour which the self-taught generally incur. You must exercise self-control, else you will become just what your associates may happen to be. What you must do, not what people think, is all that concerns you. This rule, equally difficult to obey in actual and intellectual life, may serve for the whole distinction between greatness and meanness. It is the harder because you will always find those who think they know what is your duty better than you yourself know it. It is easy in the world to live after the world's opinions; it is easy in solitude to live after your own: but the great man is he who, in the midst of the crowd, maintains with perfect equanimity the independence of solitude."

After giving some reasons for students selecting St. Thomas's Hospital, and complimenting the students of the second and third year upon their diligence, Dr. Bernays addressed himself to the students about to leave:—"You may have noticed that I have already alluded to certain partial systems of medicine. As these have obtained a deep hold upon the public mind, I would fain take the liberty of recommending to you the use of arguments for the confutation of their errors. The hydropathist may recommend his pure water, its external and internal applications, plain diet, healthy exercise, and rest from ordinary occupation. He will, if possible, remove his patients to one of those beautiful mansions and grounds which his class occupy in various parts of the country. Now, allowing that such a system applied to all cases is worse than ridiculous, because destructive even of life, are there not many cases in which the hydropathist is right? Why, then, allow him such a monopoly? Why do you not have your sanitaria for similar cases for those who can afford to pay? Again, the homœopathist may excite hopes by the administration of his wonderful globules, by regulating his patient's diet, and especially by prescribing rest. In all this, if he is honest, if his globules are really what they profess to be, the harm he may do is rather negative than positive, by preventing many recoveries, although the good he often does by leaving Nature to her own great resources is frequently productive of a cure. Now the homœopathist is a much more formidable foe than the hydropathist. Him you will have to encounter. If, as I believe, successful homœopaths are none other than allopaths in disguise, who make their medicines palatable and sightly—and who, when their patients require it, administer the billionth part of nothing in a sugared globule, and make them believe in its virtue,—have you nothing to learn from them? Have you sufficiently directed the attention of the College of Physicians to the preparation of medicines? Are there not cases in which you treat people homœopathically? Then why not admit that there are cases in which the system of doing nothing, which is unadulterated homœopathy, is the right thing, and thus take the bread out of the mouths of those whom you consider to be practising a false system? Are you aware that at many large schools it is already the practice to question parents as to whether the children are to be treated homœopathically or allopathically? Do you know that their great prescription is rest, coupled of course with the billionth of a grain of nux vomica in a wine-glassful of water? And are you not, in reality, quite as great advocates of rest for sick children?

"Then, again, there is mesmerism. Now what more grotesque absurdity than the application of mesmerism to the cure of all complaints! So, then, here is another opening by which to assert your better knowledge and to make your practice more complete. If you ask me how, I answer fearlessly, 'by the press.' It possesses an importance as a means of public instruction wholly unknown in past ages. Upon its course depend the very destinies of society, and a wholesome or unwholesome state of the public mind. Power is changing hands, and is passing from the few to the many. Under God, everything depends upon the talent and intelligence which find their way to the press. In proportion as you recognise its utility, you will enlarge its field of usefulness. I want to see sincere and serious men, men of thought and men of solitude, constant contributors to the daily and weekly press. You, young medical men, with much leisure, fresh from the schools, you can greatly aid in enlightening the public upon many of the social questions of the day. I want to see you take part in every social movement, and, whether in town or village, I desire earnestly to see you acting with their leading men. You would thus greatly gain in influence; and influence is power, money, place, everything in this world. From your education and position as gentlemen, you have a right to the same vantage ground as the clergy, and with them you could assist in subduing the common foe, ignorance, with its necessary concomitants, superstition and quackery.

"Only one other great matter presses upon my mind. It is this: trust rather to the power of argument, supported by the influence of the press and conversation, for the suppression of quackery, than to any external help from the Legislature. Far be it from me to depreciate good government; but what right have you to desire more from it than a fair field and no favour, with a just recognition of your position? There appears to me to be great danger in the common attempt to commit all affairs to Government, and to shrink from individual responsibility. I will refer to two cases in point. First, adulteration. Its evils have been, to my certain knowledge, greatly exaggerated; but if it were not so, had not the vestries sufficient legal powers? It was thought not, and so Parliament was tormented into passing a measure as costly as it is ineffective. The press, especially THE LANCET, has done more to put down adulteration than could ever be done by laws, unless at an utterly disproportionate expense. The other instance is the matter of registration. Even though you act the part of policemen, can you be so blind as to believe that you can thereby put down quackery? Would you yourselves submit to be told in what the practice of medicine was to consist? Besides, what is to prevent some future Government (homœopathic or other) from expounding authoritatively its own notions of medicine? Does it ever trouble your minds that we raise a large revenue from quack medicines? Exert yourselves rather to instruct us through the general press, not confining yourselves to the medical, which is not read by the outside world. Write in golden letters the words of a great living author:*—'To seek to change opinions by law is worse than futile. It not only fails, but it causes a reaction which leaves the opinion stronger than ever. First alter the opinion, and then you may alter the law. But however pernicious any great interest or any great body may be, beware of using force against it, unless the progress of knowledge has previously sapped it at its base, and loosened its hold over the national mind.'"

## UNIVERSITY COLLEGE.

### INTRODUCTORY ADDRESS BY PROFESSOR HARLEY.

THE lecturer commenced by saying that "Philosophy has undergone an important change; science has passed through a mighty revolution; the fanciful theories of alchemy have been replaced by the stolid facts of chemistry; the transcendental views of astrology by the sober calculations of astronomy. And now a peculiar spirit pervades the medicine of the present day:

* Buckle.

empiricism yields her place to reason; so-called experience abdicates her throne to learning; and just as the astronomy of the nineteenth rose out of the astrology of the seventeenth century, so is rational medicine rising phœnix-like from the ashes of empiricism. Medicine is now so far advanced, that the principles upon which it is founded can no longer be said to rest upon mere conjecture and faith, but upon positive proof. Speculative philosophy has lost its influence on the human mind, and in its place has risen, and is every day rising, what has not inaptly been called positive philosophy. The cord that so long bound us to the metaphysical dreams of the middle ages is fast being gnawed asunder. Men doubt where they once blindly credited, and inquire into what they formerly took for granted; they cease to believe that causes of which they are ignorant originate in a supernatural agency, and no longer fear to affirm that health and disease are not governed by the spectre called 'vital action.' Vital action has been in medicine what catalytic action is in chemistry, what ether is in physics,—an imaginary principle employed by ignorance to hide ignorance. It is, in fact, a name instead of an explanation—an imposition, which positive science has detected and exposed. There are many things in nature which we cannot explain; there are many things in medicine which we do not comprehend; but I have no sympathy with those who prefer to impose upon their reason visionary agents, rather than feel that nature's works are too great for them to understand. However much we have yet to learn, I believe that the intellect of man will yet solve the problem of organization, and that the practice of medicine will ere long rival any of the exact sciences of our time. Look for a moment at what recent physiology has done. Has it not given us a clearer, I might say a simpler, idea of what life is than we previously possessed? Has it not shown us, for example, that our limbs move in obedience to mechanics, that the crystalline lens acts according to the law of optics, that our heart's action is within the comprehension of hydraulics, and that respiration, digestion, and absorption are performed on purely chemical and physical principles? In a word, recent physiology has pointed out to us that the phenomena of life are the effects of the combination of the natural laws which govern the universe at large. It has shown us that every organism in the possession of life—no matter whether it be at the bottom of the vegetable or at the top of the animal scale—is undergoing never-ceasing change; and that, notwithstanding the apparent stability of its frame, every particle comprising it is transient in the truest sense of the word. The appearance of identity which the living organism presents is an illusion, for every day, every hour, every moment its parts are wearing away. No movement can be made, no function performed, without a destruction of matter. Every breath I draw, every word I utter, every thought I think, is accompanied by a metamorphosis of material. Well may we exclaim 'How wonderfully, how beautifully are we made!' Life is one perpetual state of death, and if to live is to die, so to die is to live, not only in a spiritual but also in a physical sense; for what is the disorganization of the dead animal or vegetable being but a change from death to life? Even life is everlasting—at least the animal organism does not begin to live at the hour of birth, at the period of quickening, nor at the moment of conception. No, the life that was given to the ovum was transmitted by the parent, not generated. Indeed, there was but one creation of life for each species, and from the beginning until now that same life has been handed down from parent to offspring in one uninterrupted chain, and that same chain will last so long as the species lasts. We cannot at the present day entirely separate the psychical from the physical, the spiritual from the material. We cannot tell the how, the where, or the why a thought springs into existence; but physiology tells us, science tells us, all nature tells us that a change in matter has accompanied the evolution of that thought, and that without matter the thought could never have been evolved. The physicians of to-day are neither conceited theorists nor proud empiricists, but humble seekers after truth; and ill do they merit the ignominious title of unbelievers which ignorance occasionally hurls at them. Are they irreligious because they read the books of nature, and believe in astronomy, which tells them that the sun does not move; geography, that the earth is not four-cornered; geology, that the world was not created in six ordinary days? No, surely not. Is a machine less perfect because we understand its construction? Is man less the work of his Creator because we comprehend his organization? On the contrary, far from destroying our feelings of veneration, a knowledge of nature's laws but renders them more acute, by unfolding to us the immeasurable distance that separates the feeble works of man from the mighty works of God.

"We have arrived at that stage of advancement that we have not only the power of imitating, but also, at pleasure, of calling into existence, certain diseases. Thus, for example, by injecting a few drops of alcohol into the portal vein, we can give an animal diabetes; by puncturing a portion of the medulla oblongata, albuminuria; or by pinching the vagus, palpitation of the heart; and not only can we produce these, the symptoms of disease, but even morbid changes themselves. Thus by directly acting on the pneumogastric nerve, cough, dyspnœa, and increased bronchial secretion can be induced on the one hand, and, on the other, the anatomical lesions of pneumonia and pleurisy. So again, by exciting the solar plexus, we can bring on diarrhœa and dysentery, together with the structural changes which habitually accompany them. Nor is this all. We have it in our power even to induce diseases of a more general nature; for with a drop or two of acid, we can call into existence rheumatism and heart disease; or with a little decaying organic matter, bring on fever and death. Then again, as far as surgical diseases are concerned, there is scarcely one which we cannot produce artificially, no matter whether it be a cataract in the eye or a stone in the bladder. In fact, the further we advance the more clear does it become that man has it in his power, not only to produce morbid symptoms, but even actual diseases, with their complete chain of results. And lastly, as regards the treatment of disease, that is now no longer a happy knack acquired by accident in the field of chance. The physiologist knows the almost miraculous power he possesses in the materia medica. Astronomy has boasted of its wonders; but they are nothing, in my opinion, compared to the wonders of physiology. Who ever could have believed that the 'story of a dead heart' could be anything but a stage fiction? Yet strange as it may appear, it is a scientific reality. The physiologist has it in his power, by means of two poisons, to produce the wonderful sight of a dead heart in a living body, as well as that of a dead body with a living heart. Now and then we meet with men, even in the ranks of our profession, who say they do not believe in the power of remedies. Such men most probably began with exaggerated notions of the power of drugs, and, by injudiciously employing them, failed in obtaining the expected results; and, jumping to the opposite extreme, deny their use altogether, forgetting that their want of success may be due to the frailty of their knowledge rather than to the inefficiency of the medicine. Even with common remedies what mighty effects can be produced! We can excite the brain to increased action with belladonna; we can lull it to repose with cannabis indica. We can stimulate a motor nerve with strychnine so as to throw all the muscles of the body into one fearful tetanic spasm; or we can paralyse them with conium, and render them flaccid as in death. We can hasten the rapidity of the bounding pulse with hellebore; we can slacken its speed with aconitine. In fact, gentlemen, we have it in our power to produce at pleasure almost every conceivable action and counter-action on the human body."

Dr. Harley terminated his address with some admirable advice to the students, pointing out to them how their success in after-life would depend upon their moral as much as upon their mental qualifications.

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## WESTMINSTER HOSPITAL.

### DR. MARCET'S INTRODUCTORY ADDRESS.

THE subject of Dr. Marcet's discourse was "The Methods of Investigation in Medicine." He began by observing that medical students were not to undertake original researches, although they ought to pursue their studies with a spirit of inquiry, and that the qualifications of the mind necessary for a proper spirit of inquiry are—

1st. The habit of thinking or reflecting.

2nd. The constant and unflinching desire for the promotion of truth.

3rd. Perseverance.

Having developed these three points, the lecturer proceeded to show the practical utility of a proper spirit of inquiry by offering a few remarks as to what is to be done and observed at the bed-side or during the professional visit. He insisted on the importance of determining the cause of the illness, and observed that amongst those circumstances which dispose most to disease, habits play an important part. For example, the abuse of alcoholic stimulants; the habit of excessive smoking; living an irregular life; overtaxing the powers of the brain, especially by night work; habits of indolence, with want of both physical

and mental exercise; the habitual neglect of cleanliness: and by paying attention to these circumstances much can be done towards effecting a recovery. Dr. Marcet reminded his hearers that in our hospitals there is a cause of disease very frequent and painful to witness—namely, want of the very necessaries of life; and, after alluding to the state of destitution of many of the inhabitants of our narrow courts and filthy closes, he added: "I have thought the occasion fitting to bring forward these remarks, in order to have an opportunity of begging you will not harden your feelings towards this class of patients. With them kindness and gentleness will go a great way; sympathy will soothe many a wound; a word of encouragement will give hope."

The lecturer divided into two classes the methods adapted to carry on original investigations in medicine.

1st. The consideration of medical statistics.

2nd. Original observations and experimental researches.

Medical statistics were considered under two heads—1st. The act of noting the observations to be used for a statistical inquiry. 2nd. The act of drawing the results from reported observations. With respect to the first head, Dr. Marcet remarked that it is important statisticians should, as far as possible, prepare their own tables from observations made by themselves, for it is seldom a compilator can rely on the correctness of the statements of others. He added, that this serious element of error is, fortunately, rapidly decreasing, from the fact that our general standard of medical knowledge is becoming higher, thereby preventing mistakes of diagnosis, &c.; and, also, from the circumstance that there is at present a tendency to centralization in the medical profession, both with respect to medical studies and to the adoption of medical doctrines. He also expressed a hope that hospitals would soon agree upon a uniform method of reporting medical cases, with the view of using them for statistical inquiries. When commenting on the act of establishing statistical results from reported observations, Dr. Marcet stated that he believed the desire of drawing from statistical tables too many conclusions was the cause of medical statistics having fallen into disrepute with many distinguished practitioners; and in order to avoid this error, he advised that statistical observations should be classified into wide groups, each class bearing sharp and well-defined characters. On dismissing this subject, he paid a tribute of praise to Dr. Farr for his unremitting efforts towards the promotion of medical statistics in this country.

The lecturer next proceeded to make some remarks on the methods of conducting original observations and experimental researches. He alluded to investigations in physiology and physiological chemistry, and stated he believed that if the connexions of chemistry and physiology were more generally understood, physiology would advance a step probably equal to that which followed the introduction of the microscope in physiological pursuits. He meant by physiological chemistry that branch of medicine which teaches how to extract from the tissues and humours the substances existing there in a state of solution, and what chemical and physiological relations they bear to each other and to the solid elementary structures; the substances in question being called Immediate Principles.

Having glanced over the subject of inquiries into therapeutics, the lecturer insisted on the importance of being very careful not to publish or read to any Societies papers hastily got up; for, he observed, "Mistakes will find their way into such communications; a chain of argument which at first appeared logical will afterwards turn out deficient in correctness; observations reported will lose much of their value from being incomplete; or therapeutical conclusions will not be found in accordance with the actual results. Do not be in a hurry to generalize; before any law can be established in medicine, the facts on which it rests must be found true in a very great number of cases." As an illustration of the difficulty of arriving at trustworthy results, Dr. Marcet alluded to the controversy now going on respecting the question of the formation of sugar in the animal body. He concluded by observing that nothing used in medicine can be accepted before it has been thoroughly examined and sifted by others than its discoverer; and it is only when, in addition to this, a new fact has stood the test of time that it can be recorded as true.

## ARMY MEDICAL SCHOOL AT CHATHAM.

THE third session of this school commenced on Tuesday, with an address by Prof. MACLEAN, Deputy Inspector-General. There was a very large attendance both of military and medical officers, including Major-General Eyre, commanding at Chatham; Colonel Harness, C.B., R.E.; Colonel Gordon, A.D.C.; Dr. Muir, C.B.; Dr. Kinnear, R.N.; Dr. M'William, C.B., R.N.; Dr. Frederick Mouat, Dr. Martin of Rochester, Mr. Bell, and many members of the profession in Chatham and Rochester.

Prof. Maclean gave a sketch of the objects of the school, explaining the special reasons for which it was established by the late Lord Herbert, and dwelling upon the importance of the instruction for the duties of army medical officers. We have not space for the whole of a most eloquent and telling address, but may quote the following passage, which contains a worthy tribute to the memory of Lord Herbert, who only one year ago inaugurated in person the opening of the school. The army medical service has lost one of its warmest friends in this lamented statesman, and Dr. Maclean's emphatic words express most perfectly the feelings of regret which Lord Herbert's untimely death has roused in all.

"Having thus, gentlemen, given you a slight sketch of the field of study on which you are about to enter, I cannot conclude without a brief reference to the loss which the public service in general, and this department in particular, have sustained in the untimely death of Lord Herbert. The Military Medical School was instituted on the recommendation of the Royal Commission, of which Mr. Sidney Herbert was chairman. He presided over its organization, inaugurated its senate, and took part in the proceedings at its opening as nearly as possible a year ago; and so long as he was able to attend to public affairs, he never ceased to take an interest in its progress, and to entertain generous expectations of the benefit he thought it capable of conferring on the country.

"With the exception of the great statesman, his political chief, few men have passed away in our time more sincerely lamented by all classes of his countrymen than the noble Lord, the late Secretary for War. Many graceful and eloquent tributes have been paid by public men to the memory of this eminent servant of the Crown, whose rare fortune it was to have fewer enemies and more friends than probably any other man who ever held so high a position in political and social life. They have dwelt with admiration on the spectacle of a man of noble family, of great fortune, consecrating his life to the service of his country, scorning delights and living laborious days. This is not the place to expatiate on Lord Herbert's political life, or to record all that has been said on the many noble qualities which extracted the admiration even of his political opponents—his eloquence, his candour, his earnestness, his never-failing courtesy, his genuine sympathy with the poor; still less to dwell on all that made him the idol of his social and domestic circle. But if I omitted, on such an occasion as this, to notice the priceless services he rendered to the army and to the department to which we belong, I might justly be charged with disrespect to his memory. Strange to say, the services to which I have alluded—those which occupied so much of his time and attention in his late years, and upon which his fame will certainly rest—are precisely those which have attracted least attention at the hands of those who have reviewed his career. Need I remind you of the condition in which the medical department of the British army took the field at the commencement of the war with Russia, when its officers were left dependent on the courtesy of our allies for the means of moving many of our wounded soldiers from the field. When the indignation of the country was kindled, Mr. Sidney Herbert had to face the all but revolutionary fury of the storm. Whatever others may have done, he saw and acknowledged the defects of the then system of medical administration; and it may truly be said that the best part of the remaining years of his life was devoted to apply a remedy. While the war lasted he strained every nerve to supply defects and to correct what was amiss; and, ably seconded by the medical officers who a few months before had been reviled for sins not their own, the army in the Crimea at the close of the war was in a higher state of health and efficiency than the troops serving at home.

"Had Mr. Sidney Herbert paused here, and, as the pressure from without was relaxed, abated his efforts, his fame as a military sanitary reformer would deservedly have been ephemeral; but he took a larger view, and, whether in office or out, gave his time and labour, and at last his life, to reform evils which sapped the military resources of the country, and justly exposed us to the unfriendly criticism both of friends and foes. What those reforms were I need not tell; they are well known to you, and the results you know. Although prevented by want of means from doing all he, and those who worked with him, had planned and contemplated, Lord Herbert lived to see the annual mortality of the army at home reduced by nearly one half, and to see a war conducted to a

successful termination in a distant and unhealthy country—in the language of a writer who has done justice to his labours in this field—at just one-tenth part of the annual mortality of the army in the Crimea during the first seven months of that disastrous campaign. I do not pretend to say that all the glory of such achievements was his alone; he had many able and devoted fellow-labourers; but it is not too much to say that without the determined, generous, and untiring efforts of Lord Herbert, the 'cold obstructions' of some, and the more active hostility of others, would not have been overcome, the cause of medical sanitary reform would have languished, and the medical department of the British army would have been withering in the cold shade of neglect. Let us hope that amongst the school of earnest statesmen to which he belonged, some will be found to carry on the work, the foundation of which Lord Herbert deeply and surely laid; and let us, mindful of his bright example, each in his proper sphere, be ever found, like him, treading with firm steps the path of duty wheresoever it leads."

## NOTES OF CASES IN SURGERY.

BY FREDERIC C. SKEY, ESQ., F.R.S.,
SURGEON TO ST. BARTHOLOMEW'S HOSPITAL.

(*Concluded from p. 294.*)

### *Dislocation.*

OF thirty-five cases of dislocation a few only have fallen under my own immediate charge. I may allude to one example of dislocation of the femur occurring in the person of a stout boy of sixteen. The head of the bone was thrown backwards on the dorsum acetabuli, and it resisted the combined force of four persons engaged in extending the limb while the boy was under the influence of chloroform. On remitting the extension, the bone was reduced by bending the thigh forwards on the pelvis and drawing it outwards. Of seventeen cases of dislocation of the humerus, in one only was the head of the bone thrown on the dorsum scapulæ. The above list includes a case of dislocation of the coccyx, some particulars of which may be worthy of notice. The subject was an eminently sensitive and hysterical young woman, aged twenty, who sustained the injury by a fall in the street three weeks prior to her admission into the hospital. At the date of the accident she was far advanced in pregnancy, and she miscarried in the interval. Examination detected a displacement of the bone, which was thrown forwards at a right angle with the sacrum, the point projecting against the rectum. Tolerably firm pressure made through the bowel readily replaced it, but it returned to its abnormal position immediately on the remission of the pressure. My first intention was to operate on the bone from within, and with this view I designed a metal spring, as thin in the neck as was compatible with strength, to be introduced into the rectum; but the difficulty of fixing it to the pelvis, and of employing the exact force requisite, was insuperable; besides which, I had no experience as to the capability of the bowel to bear the required pressure for many days, and probably weeks. I then determined on the experiment of direct traction of the bone, and, having cut down upon it, passed a thin silver wire around it at about three quarters of an inch from its extremity. The wire broke, and I replaced it with a large silk thread, which was drawn tightly round the point of a broad wooden splint adjusted to the woman's back. The experiment, however, was not very successful: symptoms of very active hysteria manifested themselves, and she declared the pain to be insupportable. Some amount of local irritation certainly attended the progress of the case, with local redness and moderate suppuration, but not to an extent commensurate with her suffering. She wore the instrument for twenty days, during the whole of which she declared the pain to be very severe. For a few days she appeared relieved, but the bone returned to its abnormal relation to the sacrum. Subsequently she became eminently hysterical, and even maniacal, and I was compelled to remove her from the ward. From this state she recovered, her condition gradually improved, and she left the hospital, relieved from her symptoms, both local and constitutional.

My experience of the past year in reference to dislocation at and below the ankle-joint (which students yet recognise under the curious term "dislocation of the *tibia*," and occasionally of the *leg*) confirms my former opinion, that the foot may be dislocated *in any degree* and in any direction; but more especially does this remark apply to dislocation of the foot, both backwards and forwards.

### *Lithotrity.*

Some cases of lithotrity that have fallen under my observation are not without interest.

A man, aged sixty-eight, admitted in November last, had suffered from symptoms of stone for three years, during which he had passed about 100 small stones, varying in size from that of a large shot to that of a pea. I broke the stone by eight several operations, each of which was unproductive of serious pain, and was followed by more or less relief. A small fragment only remained in the bladder. After the last operation, which was not characterized by any remarkable feature, he had rigors, vesical pain, and low fever, and he died. The post-mortem examination revealed disease of long standing in both kidneys.

A boy, aged fifteen, admitted in October, had had symptoms of stone for two years. I crushed the calculus, which I presume to have been about the size of a large almond, twice only, at an interval of ten days. The boy left the hospital well.

A boy, aged ten, admitted in January, had suffered from symptoms of stone for three years, during which he is reported to have had several attacks of retention of urine. His urethra being large, and readily dilatable, I decided on treatment by lithotrity, and for which I had a small lithotrite made. The stone was crushed twice, without pain. On the following morning a fragment of stone became impacted in the urethra, and retention supervened. No alternative remained but lithotomy. As I was unable to pass a staff into the bladder, I cut down on the urethra without it, and, having removed two large fragments of stone from the canal, I opened the bladder by the aid of a staff, and expelled the residue of the calculus by injection. More than half the stone had lodged in the urethra. The boy recovered. I freely confess the attempt to remove a stone from the bladder of a boy ten years of age by lithotrity to have been an error in judgment. The first fragment that escaped was of considerable size, and at once blocked up the canal. The rule I have consequently adopted for my own guidance is, never to operate with the lithotrite unless the urethra will admit a catheter of the size of No. 9 or 10. In this patient's case the lithotrite was No. 6, though the urethra was dilatable to about No. 7, or perhaps 8.

A man, aged seventy-two, was admitted in May, from whom I had removed a stone by lithotrity in 1851. The peculiarities of this case were connected with the physical qualities of the stone itself, from which arose a very protracted term of treatment. I operated on him no less than seventeen times. The calculus was of lithic acid composition; and I may remark, after some considerable experience of the operation of lithotrity, that the hardest calculi I have ever broken have consisted of lithic acid, and not of oxalate of lime. I never once *crushed* this patient's stone; I only broke it into small fragments. No part of it was ever reduced to powder, as in other examples; but the entire stone, when finally collected, consisted of a multitude of fragments of nearly equal magnitude—about that of a large shot. The force of the screw required to break the stone continued very great up to nearly the last operation. On several occasions I came to apparently a dead lock, and it required all the power at my command to screw the instrument home. Notwithstanding this force, at the termination of the case the blades of the lithotrite did not indicate more than a very slight strain in the workmanship, so perfect is the material of which these instruments are constructed.

There are, in my opinion, comparatively few cases of calculus in which the operation of lithotrity is not available. It may be most efficiently performed by any person possessed of ordinary skill and knowledge, and I earnestly join in its advocacy by the greatest of our modern surgeons.

### *Burns.*

In reference to the subject of burns, I have always been an advocate for the stimulating principle of treatment first suggested by Dr. Kentish. That principle, to my observation apparently so sound, has been repudiated of late years by many eminent surgeons. The thoroughly negative action of Carron oil and lime-water has been substituted for it, from which, I confess, I have never seen a corresponding benefit obtained. It is notorious that the intense pain caused by a drop of hot sealing-wax, or other similar agent, on the

skin is much mitigated by the temporary application of great heat. The pain subsides in the course of a few minutes by holding the affected part to the fire. The explanation is not perhaps very obvious, but the fact remains.

In July last five men were admitted into St. Bartholomew's Hospital, with severe burns on the face, head, chest, and arms. One died immediately after his arrival. My house-surgeon, Mr. Richard Smith, was at the time ill, and the immediate charge of these cases devolved on a colleague, who applied the oil and lime-water to the arms and hands of each of the surviving men. At that moment Mr. Smith arrived, and completed the dressing by the application of a solution of nitrate of silver (ten or twelve grains to the ounce of water) to the face, neck, &c. I did not see these men till the following morning, when all four complained of severe burning pain in the arms and hands, but stated they were free from pain in the other affected parts. The stimulating solution above mentioned was applied to the upper extremities, and the relief at the expiration of about a quarter of an hour was complete. In two of the cases some pain returned on the third day, and relief was obtained by the same means. My directions are simply these: In the case of infants or young children, wash the affected surface, if not very extensive, with a solution of nitrate of silver, in strength six or eight grains to the ounce, and immediately cover up the part with a thick mass of cotton wool; in the case of an adult, from twelve to fifteen grains, unless the surface requiring the application be very large. Should pain return, the solution may be advantageously resorted to at any early stage of the treatment.

*Varix.*

Some twenty-five cases of varicose veins of the leg have been treated in my wards, and all by the application of the Vienna paste, composed of two-fifths potassa fusa and three-fifths quick lime. The results have not shaken my confidence in the efficacy of the treatment. The eschars can scarcely be made too small, provided the materials of which it is composed be thoroughly good and recently mixed. The numbers vary according to the extent of the disease. From twelve to eighteen will suffice usually for a limb somewhat largely affected. As regards the period of time required for the after-treatment, it is of course of no great moment whether the number of eschars be five or twenty-five, as they all progress towards recovery at the same time. I have never yet seen any evil consequence, either local or constitutional, arise from the application of the Vienna paste to the largest and most prominent vein, however thin may be the textures over it. The cure is generally, but not invariably, permanent.

*Housemaid's Bursæ.*

I have purposely admitted a large number of cases of what are termed "housemaid's bursæ," and they may be supposed to have presented themselves in every variety of form, character, and stage of progress. I am not sanguine enough to entertain the hope of shaking the confidence of many surgeons in the efficacy of blisters and tincture of iodine, which may be applied and reapplied for months without the smallest impression on the disease, so far as I have witnessed their effects. Indeed, with respect to the latter agent, I regret to say that I know of no chemical or therapeutical agent in such general resort as a local remedy in disease which is so commonly inoperative for good; and in these bursal diseases it appears to me to be especially so. If a full-sized thread be passed through the centre of the swelling, be it large and hard, giving the sensation of a solid mass, but in the centre of which is always found a small cavity or fissure; or be it soft, and containing fluid, whether large or small, suppuration in the course of from two to five or six days, will inevitably follow. The thread may then be removed. The disease is converted into an abscess, and may be treated as an abscess. I may assert without exaggeration, that I have cured from 100 to 200 cases on this simple principle. No other caution is necessary beyond the removal of the thread when the orifices through which it has passed indicate the inflammatory action incidental to its presence.

The same agent, and on the same principle, is equally applicable to *ranula*. Indeed it is quite remarkable with what rapidity this disease recedes under the action of the thread, whether the cyst be of average or of the largest size. Of the latter I have reported some, and treated several of such magnitude as to require the lower end of the thread to be brought out in the neck at some distance below the base of the jaw.

*Hæmaturia.*

I have treated during the last year several cases of hæmaturia from malignant disease of the bladder. As a rule, I do not think serious hæmorrhage from the organ to be a striking, and certainly not a permanent, feature of the disease. The early stage is marked by local pain arising from the cavity of the bladder, and frequent micturition. As the disease advances, dull pains are referred to the sacrum and posterior aspect of the pelvis. The introduction of a catheter, however carefully performed, is attended with more than the ordinary pain incidental to the operation, and is often very severe. On turning the instrument in the bladder, it will be observed to rotate more freely in one direction than another, and its withdrawal is followed by bleeding, sometimes considerable, but often either continuing or recurring at short intervals for a day or night, or longer. Pain is caused by pressure on the hypogastrium, and through the rectum, but not on the perineum, as is incidental to active disease of the prostate. In some cases, however, the hæmorrhage is frequent and in large quantity, being either entirely mixed with the urine, or partially deposited in a clot at the bottom of the vessel. The bleeding will often cease for many days, or even weeks, and the pain become less considerable. Loss of appetite, impaired sleep, and emaciation follow, and inevitable death.

A man, aged thirty-nine, was admitted in November last, discharging blood mixed with his urine in large quantity. He had been the subject of disease for six months; had pain on pressure over the bladder; frequent micturition, but rarely without blood. He had no symptoms of renal disease. The introduction of the catheter gave great pain on reaching the organ, which, unlike ordinary catheterism, continued long after the withdrawal of the instrument. Occasionally the hæmorrhage would cease for many days, and the pain partially, and both would again recur without cause apparent to observation. He appeared for a time to be relieved by gallic acid and opium; but I really cannot say his occasional improvement was positively attributable to the treatment. He left the hospital in a weakly condition, and I shortly heard of his death, but his bladder was not examined.

A man, aged fifty, was admitted in November, with dull aching pain in the bladder, and frequent micturition, from which he had suffered three or four months. On introducing a catheter, No. 6, very cautiously into his bladder, he expressed great suffering. The instrument did not move freely in the organ, and exhibited a tendency to fall over the right side. Blood escaped along the canal before the instrument was withdrawn, although no effort had been made in the introduction. Pain followed the use of the catheter, and continued for many hours. It was only arrested by an opium suppository. But the bleeding continued till the night of the day following. There was no evidence of stone. The hæmorrhage returned in a week, and continued in spite of astringents and opium for several days; but the pain was unremitting. In two months from this date he died. The left side of his bladder was occupied by a large growth of soft cancer.

I now leave the wards of St. Bartholomew's Hospital, with a view to state the particulars of the case of a well-known member of our profession, who died last winter. He was at the time I allude to, (October last,) under the care of an eminent physician, for pain referred to the descending colon, which he himself attributed to distension of the intestine; but he had also suffered for many months from frequent micturition and heat along the track of the urethra. I was requested to see him in reference to the subject of stone. I could not myself refer his symptoms to this cause; but as it was most desirable, in regard to his future treatment, that this question should be set at rest, I examined him. The introduction of No. 6 catheter, passed with the greatest care, was attended by very severe pain, extending along the lower part of the canal, but greatly aggravated when the instrument reached the prostate gland. Here the instrument laboured, as it were, as though the canal were either contracted in calibre, or distorted from the straight line. Immediately the catheter entered the bladder, the point was carried over to the right side, nor could it be held straight with the mesial line. Blood followed the withdrawal of the instrument, and slight bleeding continued for three days. About ten days afterwards I was sent for very urgently, and I found Dr. —— in the water-closet, greatly alarmed, fearing to move. He told me he had had an attack of pain of the severest endurable character, commencing in the left testicle, and extending along the cord to the bladder, where it continued with an intensity compared with which all he had previously suffered was trifling. A glass of strong brandy and water and an opium suppository completed the relief which had commenced before my arrival. Up to this date, therefore, the evidence stands thus: 1. Frequency of micturition for about three months. 2. Great

pain on the introduction of a catheter, and difficulty of passing it through the prostate gland. 3. The instrument carried over to the right side of the bladder. 4. Hæmorrhage continuing for three days. 5. Sudden attack of intense pain in the testicle, cord, and bladder. 6. The existence of cancerous disease in the person of a near relative. Diagnosis: Cancerous tumour of the left side of the bladder, involving the prostate gland. No attempt was made to confirm this opinion by any repetition of the local examination. Dr. —— lived about two months. The post-mortem examination revealed the presence of a large firm cancerous growth, of the size of the fist, occupying the left side of the bladder, which was pushed over to the right side, and involving the prostate gland, through which the urethra was much curved to the right side, and contracted in diameter.

*Wounds into Joints.*

A few words on the subject of wounds into joints. A boy, aged twelve, was admitted in July last with a small wound on the inner side of his knee-joint. It was difficult to ascertain with accuracy the time or the nature of the cause, which, however, had occurred several days prior to his admission. Some four or five days afterwards, Mr. Smith extracted a pin from the wound, which had obviously penetrated the joint, from which synovial fluid now escaped for several days. The fluid became purulent and copious; the joint hot, swollen, and extremely painful. Matter collected under the skin in the neighbourhood of the original wound, which required a second puncture. Large flabby granulations, almost invariably accompanying wounds into joints, formed around the two orifices, and existed for a month. The granulations at length subsided, the wounds healed, and the joint regained its normal size and appearance. Can this boy recover the former mobility of the joint, or is anchylosis inevitable? I believe it quite possible that the functions of the joint may be restored. I have had two cases of wounds into the knee-joint, in which discharge of synovia of many days' duration was followed by the free escape of pus from the cavity of the joint, continuing for a fortnight in one case, and ten days in the other; and in both cases the joint entirely recovered its functions. Of the restoration of the joint in the above case, however, I am not sanguine, from the protracted nature of the disease, the progress of which occupied a term of many weeks. The subject has not been investigated so far as I know, but it is not devoid of surgical interest.

*Breaking-down of Joints.*

On the subject of the breaking-down of joints fixed by deposit around them from rheumatic inflammation, I fear I have been less successful in my treatment than other members of the profession, judging from the published record of cases. Out of the half-dozen that have unfortunately fallen under my charge, in not one have I succeeded in restoring the functions of the joint, all having returned to their previous state of "spurious anchylosis."

*Foreign Body in the Pharynx.*

In June last I was summoned to a curious accident. A young woman was admitted, wearing a set of artificial teeth, consisting, if I recollect right (for I quote from memory), of four, connected by a plate of metal, from each extremity of which descended hooked processes to fix it on the gum. The plate became detached, and she swallowed it, and it fixed itself across the pharynx about an inch from its termination in the œsophagus. The accident occurred in South Wales, and, having made one unsuccessful attempt to remove the foreign body, the medical attendant brought her up to London. The accident had happened twenty hours when I saw her. The woman was in much distress, not from obstruction in the pharynx merely, but also from pressure on the larynx. The finger, passed with a considerable effort, reached the object, but only touched it with difficulty. From Ferguson's ample collection of forceps, of every form, size, and variety, I succeeded in selecting a pair. After two or three futile efforts, having fairly grasped the foreign body, I extracted it, not without the application of great force, so tightly was it held by the pharyngeal muscles. I do not pretend to any skill in the accomplishment of this not very difficult task, which owes its success to the advantage afforded by an hospital in selecting out of a large number, the appropriate instrument for the purpose required. I kept the woman in the hospital till the following day, during which interval she exhibited no bad symptoms, beyond slight bleeding and soreness in taking food.

*Hysteria.*

In concluding this somewhat lengthened communication, let me direct the especial attention of the younger members of the surgical profession to one of the most remarkable features associated with the treatment of disease. I allude to the great prevalence of *hysteria* in the cases of young women. It is quite remarkable how general is its presence, and how frequently it is interwoven with the symptoms of real disease. Abundance of cases recur to my recollection during the past year; reputed affections of the spine, and of the knee-joint more especially, at first sight of the most deceptive character. I would go so far as to assert that its presence, in some degree or other, is almost universal. And yet how critically important is a correct diagnosis in such examples! What form of treatment has a greater tendency to aggravate the symptoms of hysteria than that which may be judiciously applied to the cure of real disease?

Grosvenor-street, Sept. 1861.

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ON A CASE OF

## PENETRATING ULCER OF THE CORNEA,

### PRODUCING A FISTULOUS OPENING INTO THE ANTERIOR CHAMBER AND PARTIAL COLLAPSE OF THE GLOBE, CURED BY IRIDECTOMY.

BY JOHN C. WORDSWORTH, ESQ., M.R.C.S.,
ASSIST.-SURG. ROYAL LONDON OPHTHALMIC HOSPITAL.

JAMES C——, aged nineteen, a shipwright, residing at Rotherhithe, applied at the Royal London Ophthalmic Hospital on the 29th May, 1861. He stated that he had suffered from ophthalmia in the left eye for some years; that a few weeks ago he had become worse, and noticed that there was a constant discharge of water from the eye; that the sight was almost gone, and that the eye felt soft and flaccid. He was induced to apply for assistance at one of the Eye Hospitals, where he was treated by the application of stimulants to the conjunctiva, belladonna to the brow, and blisters to the temple. This treatment was continued for some weeks without producing any improvement, and he was told by the surgeon that there was but little prospect of recovery, as the eye was getting softer in spite of all that could be done.

On admission—May 29th—I noticed a small fistulous aperture a little below, and internal to, the centre of the cornea, through which the aqueous fluid readily passed out; the pupil was contracted, and no anterior chamber was perceptible. A drop of solution of atropine was applied, which produced slight dilatation of the pupil. The pupil was quite free and tolerably round, the cornea clear, and the eye generally free from inflammation. He was in good health, but naturally depressed on account of the condition of the eye. He was directed to take quinine three times a day; to apply the belladonna fomentation occasionally, and a blister to the temple.

At the next visit—June 1st—no improvement having taken place, a solution of ten grains of nitrate of silver in an ounce of water was applied to the ulcer by means of a dropping tube; tonic and sustaining treatment was also continued. At the following visit the solution was applied as before, but of double strength, and repeated on the 8th. When I next saw him—on the 12th—I determined to excise a portion of the iris, and, as soon as a bed could be secured in the hospital, to admit him for the purpose.

June 19th.—Little or no change had taken place in the condition of the eye. Iridectomy was performed, a portion of the iris being drawn through a wound (made in the upper edge of the cornea) by means of forceps, and excised with scissors. There being no anterior chamber, the risk of wounding the lens was, of course, considerable; but no difficulty was experienced in removing about a sixth part of the iris.

22nd.—He left the hospital.

26th.—Mr. Hawkins, the house-surgeon, saw him in my absence, and wrote on his letter—"Fistulous opening closed; good anterior chamber."

The patient has continued to improve to the present date (July 22nd). The tension of the eye is normal, and he is able to see large objects. The ulcer having healed, there is a small point of iris adherent, producing the condition technically styled "myocephalon." The pupil is slightly drawn upwards, and but little larger than usual.

In the case above stated, the most prejudiced must admit the great value of iridectomy, by which a fistulous opening

into the eye was closed within a few days, after all the ordinary means had been long and fairly tested. It affords such palpable proof of the influence of iridectomy as a means of treating diseases of the eye that are either dependent on undue tension, or are at least proximately influenced by a disturbed relation between "the contained and containing," that I am induced to make it the theme of a few observations on this "vexed question."

I believe that an early prejudice against the operation of iridectomy in this country has robbed many of the only hope of saving vision in cases of glaucoma. The genius displayed by Graefe, in his irresistible and candid writings on iridectomy, failed to impress his critics in Great Britain. What he had done in the face of a large and intelligent class of students from all parts of the world, was virtually disbelieved, and his veracity even impugned. Hence iridectomy was condemned here, without even that fair trial which modern philosophy is fain to allow to all votaries of science. But happily there were those amongst us who felt that so accurate an observer and so candid a writer as Graefe could neither be mistaken in his conclusions, nor partial in his statements. Iridectomy, therefore, was put to the test of experiment; and I believe I am only recording the verdict of those best qualified to assess its value when I state that it has fully sustained the most sanguine anticipations of its illustrious author.

No doubt there are many difficulties, and even ambiguities, in the theory of iridectomy; its *modus operandi* is fraught with much that is perhaps inexplicable; yet this is no just reason for its condemnation, for medicine abounds in anomalies quite as repugnant to our preconceptions, but which, nevertheless, are unassailable as facts. Graefe himself, though led step by step to its adoption in that mysterious disease, glaucoma, was startled with his own success. Had he proposed the excision of a portion of the iris as a remedy for glaucoma, without propounding the train of reasoning that a long array of facts had sustained, no doubt his proposition would have been regarded as extravagant and even irrational. But it must be admitted by every candid and unprejudiced reader that no man ever pursued an inquiry with more caution and ingenuousness.

In iridectomy, he found that he possessed a means of diminishing, if not permanently, at least for a considerable period, the most palpable physical condition attending glaucoma. Hence he concluded that if he could restore a normal state of tension of some duration, he would be supplying the conditions most needed for the due renovation of those structures on which visual perception depends.

Whether this is the most exact ratiocination of which the subject admits time only can tell. It must be admitted, however, that it is the most satisfactory that we can at present deduce from the data at our disposal, though it is equally certain that there must be an ultimate one beyond our present scope.

I have noticed that there exists a considerable amount of discrepancy amongst the exponents of iridectomy as to the mode in which it diminishes ocular tension. The theory proposed by Graefe, that it acts by producing change in the circulation of the eye, by diminishing the secernent surface, seems the most palpable and conclusive. But this he advances under reserve; for he admits that it may be quite independent of these conditions, and in fact in no wise related to them except as coincidences. He states that "the idea of diminishing the intra-ocular pressure led me to adopt it."....."The action of iridectomy may perhaps be highly compound. Diminution of the secreting surface certainly accounts for a lessening in the quantity of fluid; yet there is no experimental proof as to how much less aqueous humour is secreted, and whether this deficiency in its amount can explain a striking change of the intra-ocular pressure. The muscular co-operation of the iris with the tensor choroideæ, to the study of which I have been principally led by the new theory of accommodation, would in some degree explain how the excision of a piece of the iris might produce diminution of intra-ocular pressure by means of the muscles, by a relaxation of the tensor choroideæ. The continuance of accommodation in coloboma does not indeed favour this view. The conditions, however, are here essentially different. Perhaps the interference with the iris acts at first entirely on the choroidal circulation, and the therapeutical diminution of pressure is only secondary. That iridectomy in glaucoma has a powerful influence on the ocular circulation is at once shown by the occurrence of ecchymoses. Were the analysis of all these points more advanced, and a more correct explanation given, perhaps the treatment itself would be still better directed and adapted to the cases. It is very conceivable that, in certain cases, excision in the ordinary way is not sufficient, but that success may be obtained by the removal of larger pieces of the iris. I have already communicated my experience that the excised piece of iris should be larger in proportion as the case is worse."

It appears to me that the theories advanced by other high authorities are quite inadequate: such, for instance, as that which attributes the influence of iridectomy to a gradual drain of the aqueous fluid; or that which explains it by supposing a freer opening between the two chambers; or, lastly, that which supposes it to depend on the re-establishment of osmotic currents through temporarily diminished contents.

I am desirous also of adding a few remarks on the subject of the diagnosis of glaucoma. And here again I think Graefe has been much misunderstood. If a tense, functionless globe, the nervous and other structures of which are greatly disorganized, is to be considered the only type of glaucoma, then indeed the cases to be submitted to the operation of iridectomy must be but few and hopeless; for there can be no doubt that science is unable to afford help for such. It is in the early and progressive stages that iridectomy is effectual; hence the paramount importance of an early recognition of the glaucomatous condition. If we wait till vision is reduced to mere perception of light, we have allowed the hopes derived from iridectomy to be in the same degree destroyed. Experience has amply proved that those cases of glaucoma in which its progress is rapid and well marked, are the most amenable to treatment by iridectomy. It was also as well known that they were intractable under constitutional treatment, and resisted every remedy that medicine could suggest.

And, lastly, a few words on the risks and consequences of iridectomy. I will not deny that it is an operation demanding all that care and delicacy which extraction of cataract requires; but experience has proved that it is quite as free from casualties. The space naturally occupied by the aqueous fluid is usually somewhat less in glaucoma; hence the risk of wounding the lens. But in the above-stated case, the anterior chamber was nearly occupied by the lens, and yet it was opened without any injury to that important structure, although the difficulties were greater than usual from the flaccid condition of the cornea.

If the lens happen to be wounded, of course the case is still within the reach of treatment. I have a gentleman under my care at present, in whom, no doubt, this casualty occurred while submitting to the operation of iridectomy performed by a surgeon in the tropics. By an operation to open the pupil, I have enabled him to see to write. So far as my own experience enables me to judge, I think it is neither a very painful operation, nor a very hazardous one; nor am I aware that it ever, as an operation, prejudices a case. It is admitted on all hands, that glaucoma is otherwise irremediable, or nearly so. Is there, then, anything in the operation that should induce us to hesitate to recommend it? Other operations attended by great risk to life, and otherwise of doubtful issue, are not, therefore, proscribed. Why should we, then, decline the only remedy within our reach for the relief of glaucoma because it is not invariably successful?

Queen Anne-street, Sept. 1861.

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DEATH FROM UMBILICAL HÆMORRHAGE.—This case is curious from the circumstances hereinafter mentioned. M. Homolle brought it forward at the meeting of the Paris Medico-Practical Society. The child was the issue of a marriage between *uncle and niece*. The latter was confined three times at the full period during the first thirty-two months of her marriage. She nursed all her children, and each time fell into the family way whilst nursing. The first child had, during the early months of his life, slight strabismus, and was somewhat backward as to his power of speaking. The second child went on well until it was four months old, when weakness of the legs was observed, which finally became confirmed paralysis. The child died at ten months of imperfectly marked whooping-cough. The third child, the one who died of umbilical hæmorrhage, was born quite healthy, save a few convulsive movements, which were hardly noticed. All the functions were well performed, and on the third day the remains of the cord fell. On the eighth day, ecchymotic stains were noticed under the child's nails, with a slight exudation of blood. One of the fingers even presented a kind of bloody pouch. The next day, from the umbilical cicatrix oozed a little blood; as this persisted, pledgets moistened with a solution of perchloride of iron at 33° were applied. The oozing continued the next day, in spite of careful plugging with the perchloride and well-applied bandages; and the child died of anæmia on the tenth day after its birth, the oozing having never ceased.

# A Mirror
## OF THE PRACTICE OF
# MEDICINE AND SURGERY
## IN THE
# HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

## ST. MARY'S HOSPITAL,
AND
## WESTERN GENERAL DISPENSARY.

### REMARKABLE CASE OF MOLLITIES OSSIUM IN A WOMAN AGED FORTY, THE MOTHER OF TEN CHILDREN; FATAL RESULT; STATE OF THE BONES AFTER DEATH.

(Under the care of Dr. ALDERSON, and afterwards of Dr. MACKENZIE.)

GENUINE examples of mollities ossium are extremely rare, and very seldom noticed in our large hospitals. Isolated instances of the disease occur here and there in the records of medical science, but the first distinct account of it was given by Gabriel in 1688. It would appear, therefore, to be an affection unknown to the ancients. Mollities ossium is very liable to be confounded with rickets, which is altogether a distinct malady, and usually met with in the young, whereas the former occurs most commonly in females between the thirtieth and fiftieth years. The case which we now place on record possessed all the characters of the disease pretty well marked: the pains were severe and persistent over various parts of the body, the patient became utterly powerless at last, and the thigh-bones broke. The general deformity was becoming considerable, yet there was not that flexibility of the bones which is seen in some instances. At one time the urine was loaded with phosphates, but this condition subsequently disappeared. We regret that no chemical analysis of the bones was made after death. The per-centage of animal matter must have been considerable, from the facility experienced in cutting some of them with a knife. Dr. Bostock obtained as much as 80 per cent.; Dr. Owen Rees 67·50 to 73·87 per cent.; and Dr. Garrod found 78·72 per cent. of animal matter in the bones of a woman who had been under Dr. Ramsbotham's care. This last case is recorded in the first volume of the "Transactions of the Pathological Society," p. 148.

We would refer those who feel interested in the study of this singular malady to two cases, in women, brought before the Medico-Chirurgical Society in June, 1844, by Mr. Solly (see THE LANCET, vol. i. 1844, p. 511); another instance, brought before the same Society in April, 1850, by Mr. Macintyre, accompanied with fragilitas ossium, in a man aged forty-seven (ibid., vol. i. 1850, p. 484); the report of the case of a female aged thirty, by Mr. R. Mason, of Holloway (ibid., vol. i., 1852, p. 70); an example wherein degeneration of the muscles preceded the bone disease, in a female aged twenty-six, under Dr. T. K. Chambers' care, at St. Mary's Hospital, in 1853 (ibid., vol. i. 1854, p. 335); and a detail of the microscopical characters, by Mr. Dalrymple (ibid., vol. ii. 1846, p. 325) and Dr. J. Hall Davis (ibid., vol. i. 1847, p. 229). With regard to the last, we may observe that Dr. Sharpey and others found the Haversian canals and bone-cells much larger than natural; in parts near the edges of the bone, the canaliculi forming the walls of the Haversian canals were but slightly visible, or had entirely disappeared. Nothing has as yet been discovered to arrest this peculiar condition of the osseous system; and if the patient lives long enough, it renders the bones so remarkably pliant and soft that they can be bent like wax, and put into almost any position, as happened to Madame Supiot, whose case is described in the "Memoirs of the Royal Academy of Paris."

The patient who was the subject of the following case was admitted into St. Mary's Hospital in May, 1860, under the care of Dr. Alderson. At that time she stated, as we are informed by Dr. Broadbent, who was then Medical Registrar to the hospital, that for the last three years she had become gradually weaker; her last two labours had been progressively more difficult, and since the last, a year before her admission, she had never been able to get about. On attempting to stand, her legs gave way under her, and she had passed the day sitting up in bed. She had noticed that she was becoming shorter, and complained of slight pain in the back and in the chest, with embarrassment of respiration.

When under observation at St. Mary's, her face was full, but flabby and pale; her arms and legs of natural size, but soft; her body was very short; and on examination, the lower ribs were found to rest upon the crests of the ilia on each side, and to be compressed one upon another, so that the last three or four ribs were in contact almost along their entire length. The spinal column was bowed backwards, the ischia seemed to be approximated, and the parietes of the abdomen lay in transverse folds, in consequence of the shortening of the trunk. The urine contained phosphates in excess, but the proportion was not ascertained by analysis.

Under general tonic treatment, with iron and phosphates, she gained strength, but no material improvement of the condition of the bones was effected. After being some weeks an in-patient, she left the hospital.

The following account of her case was kindly furnished by Mr. Thos. C. Kirby, the late resident surgeon to the Western General Dispensary.

Esther L——, aged forty years, was admitted as an out-patient at the Western General Dispensary, under Dr. Mackenzie, Nov. 2nd, 1860. She had been married nineteen years, and had had ten children, all healthy, the youngest now twenty-one months old. She states that her father died of phthisis, and her mother of old age; their other children, five in number, are living and healthy. She menstruated at eighteen years; the catamenia have appeared regularly up to this present time. Had no difficulty with her first labour; but her subsequent labours gradually became more difficult and painful. About four years ago, previous to which time her health was very good, she noticed pains in various joints, particularly in the knees, which seemed as if giving way; this she ascribed to rheumatism. She was then pregnant with her eighth child, and the pains increased daily until after her delivery, when she was relieved; but they at no time entirely left her. She again became pregnant, the pains increasing as before, and, although relieved, they remained much worse after delivery than after her previous labour. She now noticed an alteration taking place, probably due to the spine becoming curved, and remarked that her shoulder was growing out, and that she was becoming shorter. During her last pregnancy (two years ago) the pains had increased much in all her joints. She was quite unable to walk three months before her admission, and lost her strength, so as not to be able to lift the slightest weight. She states that her last child was turned before delivery could be accomplished; and afterwards she felt great pressure on her chest, so that she could hardly breathe. She never stood on her legs after this confinement, and the pains in the bones increased in intensity. She is pale, anæmic, and emaciated; lies on her back with the head raised; cannot lift herself up from the bed, but moves her arms well; lower extremities with difficulty lifted an inch or two from the bed. The bones generally are painful on pressure, especially the thigh-bone. The spine is curved, slightly angularly and laterally. The ribs are somewhat bent, as are the fingers, especially on the right hand, where the first phalanx of the thumb has been pressed back at right angles to the second, probably from pressing her needle in sewing; and the metacarpal bone of the middle finger is bent, probably from the use of the thimble. There is a solid growth on the inner side of the left hand, between the carpus and metacarpus; this was subsequently found to be connected with the bone, and composed of apparently the same material as that which filled the bones. The lower extremities start occasionally, and the reflex movement is slight. No irregularity is observed about the respiratory or circulatory organs. She has very little appetite; the tongue is reddish, without fur, and dry; bowels opened once in three or four days. When first seen, the urine contained a vast quantity of phosphates; but these disappeared, and it became healthy. Various preparations of iron were administered, and good nourishment given to improve the general health of the patient, which was much debilitated from privation. The pains increased, and she became unable to move any part except her arm. She found relief from morphia, and at last took a grain

at a time for a dose. The involuntary starting of the lower extremities became more marked, especially on awaking from sleep, and on one of these latter occasions the left thigh-bone gave way just below the trochanter. The limb was found to be shortened and everted, and an attempt to move it occasioned so much agony that it was allowed to remain as it was. The right thigh also became intensely painful; but it was not found that the bone of that side was also fractured until after death. The bowels became constipated about a month before death, resisting all efforts to get them relieved, and she died Feb. 1st, 1861, seemingly worn out with the pain, which she described as intolerable, and daily increasing.

*Post-mortem Examination.*—The thoracic and abdominal viscera were healthy, the osseous system being apparently alone involved. The ribs were bent, and so soft as to be cut as easily as somewhat hard cartilage. The other bones were all softened, including those of the head and lower jaw, the blade of a scalpel being easily pushed through them. The thigh-bones were most softened, covered with fat, and filled with the semi-fluid brownish material often described as present in this disease. The bones in various places could be easily indented with the finger, and appeared more like thickened skin than bone. About six inches of the thigh-bone, where fractured, weighed fourteen drachms.

## GUY'S HOSPITAL.

### INDUCTION OF PREMATURE LABOUR; TRANSVERSE PRESENTATION; CEPHALIC VERSION BY DR. HICKS'S METHOD; FORCEPS; CHILD ALIVE; RECOVERY.

(Under the care of Dr. BRAXTON HICKS.)

MRS. O——, admitted into Mary ward Feb. 1861. Had two previous labours. In consequence of a diminution of the antero-posterior diameter, both had been very difficult, the first requiring version and perforation, the second the use of the forceps, thereby losing both children. Labour was induced in this her third by using the sponge tent. In twenty-nine hours pains came on, with gradual dilatation of the os, till after about eight hours from the first pain the os was the size of a crown-piece. At this time the membranes ruptured, and shortly afterwards the presentation, which before was cephalic, became dorsal. Dr. Hicks was summoned, and introducing his left hand into the vagina, with the other placed on the abdomen, he was able in a few seconds to replace the head into the os uteri. At this juncture the funis descended, but it was instantly replaced by the hand in vagina, and the head firmly pressed from without into the os, so as effectually to prevent any further descent of the cord. The head was supported in this position for about half an hour, when it was found to remain steadily at the brim. The patient up to this time had been under the influence of chloroform, which had completely checked the pains. The anæsthetic was then discontinued, and its effects passed off. After waiting some hours in vain for the development of the natural pains, three doses of secale were given, without much result; and as the patient showed symptoms of exhaustion, it was considered advisable to employ the forceps. They were carefully and without difficulty applied by the senior house-surgeon, Mr. Cann, and in a few minutes the child was born alive. The uterus contracted well, and the placenta followed shortly after. The mother made an ordinary recovery, and the child lived a fortnight.

### INDUCTION OF PREMATURE LABOUR; SHOULDER PRESENTATION; PODALIC VERSION BY DR. HICKS'S METHOD; RECOVERY.

(Under the care of Dr. BRAXTON HICKS.)

Mrs. P—— was admitted into Mary ward in April, 1861. The antero-posterior diameter of the pelvic brim measured only two inches and one-eighth, which had caused her labours to be accomplished with the greatest difficulty, embryotomy being employed on the last occasion, although brought on at the seventh month.

Labour was induced on the 13th of April last, in the seventh month of this her fourth pregnancy, by puncturing the membranes. Pains came on in about sixty hours, after which they continued to increase for twenty-four hours, at intervals of five minutes. The os uteri was then about the size of half-a-crown, still unyielding, scarcely admitting two fingers. The liquor amnii still existed in small quantities, draining slowly away. The shoulder was presenting, the head being to the left side, the breech to the left, but both approaching the fundus, the child being somewhat doubled on itself.

As it was of much importance to rectify the position before the os was more fully dilated, and before the presenting part should be driven down, and as the footling presentation was more suitable for delivery with the very narrow brim, and a small, soft head, Dr. Hicks decided on attempting podalic version by his new method. She was put under the influence of chloroform. The left hand was introduced into the vagina, with two fingers through the os, and the presenting part pushed towards the direction of the head, while the right hand pressed down the breech through the abdominal parietes. The uterus clasped the fœtus very closely, which action was increased upon any movement of the hands, so that the independent shifting of the fœtus within the uterus was rendered difficult for some time. However, by varying the position of the external pressure, the foot at last was brought by the two fingers through the os uteri. The chloroform was discontinued, and after about half an hour, slight expulsive pains reappearing, gentle traction was made upon the child. Some detention of the head at the brim ensued, the very narrow brim scarcely permitting the small head to pass, whereby the child's life was lost before delivery. The mother made an excellent recovery.

## ST. BARTHOLOMEW'S HOSPITAL.

### TRANSITORY CEREBRAL SYMPTOMS IN ACUTE RHEUMATISM.

(Under the care of Dr. FARRE.)

WHILST the lining and investing serous membrane of the heart is very commonly affected in acute rheumatism, by either an extension or metastasis of the inflammation, the other serous membranes of the body are more rarely so. Pleurisy is a more frequent complication than arachnitis. With regard to the latter, it is believed by many physicians to depend upon the cardiac complication. It may do so in some cases, but not always. It is otherwise with pleurisy, for this may arise by simple extension of the pericarditis.

On the 10th of July last, Louisa D——, aged twenty-five, a milliner, was admitted with a severe attack of acute rheumatism of one month's duration, which especially affected the larger joints. She was treated by scruple doses of the acetate of potass, in camphor mixture, every six hours, with considerable relief. There were no symptoms whatever of cardiac mischief. In the first week of August cerebral symptoms manifested themselves, of which delirium, great pain in the head, and crying out were the chief. These continued for a few days, and then disappeared, leaving the patient exceedingly weak and prostrate, so much so that a bed-sore formed over the sacrum.

She has since become convalescent, and is slowly recovering from the bed-sore under the local application of Friar's balsam. No head symptoms have been observed throughout her illness, and the cerebral disturbance was no doubt the result of direct translation of the rheumatism.

## GREAT NORTHERN HOSPITAL.

### FOUR SUCCESSFUL CASES OF EXCISION OF THE KNEE-JOINT.

(Under the care of Mr. PRICE.)

IN a previous number of THE LANCET we briefly noticed three interesting examples of excision of the knee-joint performed by Mr. Price at this hospital. These operations were effected, one on May 2nd, and the remaining two on May 23rd. At the time we wrote the patients were still in hospital. They left shortly afterwards, however, and in each instance a good and useful limb had been saved.

In two instances, girls of the respective ages of about five and a half and seven years, the union was primarily fibrous and flexible; but in the third case, a girl fourteen years of age, the junction between the cut surfaces of the femur and tibia appeared, after the lapse of nearly seven weeks, (at which period the splint was for the first time shifted,) to be of a firm osseous character. In fact, in every instance the operation has been attended with the most complete success.

The remaining case has not yet been noticed.

The patient, a girl aged eleven years, had been the subject of extensive disease of the left knee for a considerable time. At the date of her admission into the Great Northern Hospital

she stated that she had been a patient at two metropolitan hospitals, where the limb had been blistered, issued, &c. The joint was greatly swollen, and at one part fluctuation could be readily distinguished. The pain, especially at night, was considerable. The leg had become fixed at a right angle with the thigh, and the tibia appeared dislocated backwards and inwards. The patella was tightly fixed to the external condyle.

Amputation or excision being the only admissible operation, Mr. Price, after having kept the child in hospital for some time, so as to improve her emaciated condition, excised the vitiated articulation on August 8th.

A large abscess was found occupying a considerable extent of the joint, the cartilages in parts were entirely removed, and the bone was rough and ulcerated. The pus which flowed away on opening the joint showed that it had been in contact for some time with decayed bone. About an inch and a quarter was removed from the end of the femur, and a very thin slice from the head of the tibia. The inner portion being excavated by a large abscess, the gouge was freely used to scoop away all disease. The patella was likewise taken away. The bones came well into apposition, and the limb was fixed to the splint Mr. Price is in the habit of using. There was little bleeding, and we noticed that, ere the lips of the single line of incision were united, the limb was permanently adapted to the apparatus. By this arrangement, the surgeon can be quite certain that the ends of the bones are, after adjustment of the extremity, in accurate apposition.

Owing to the distortion which existed, the hamstring tendons of both sides were divided, which saved the necessity of removing a still greater extent of bone.

The patient has, up to the present time, continued rapidly to improve in health, and there is every prospect of her soon leaving the hospital with a good and useful limb.

It was astonishing to notice how very little shock, if really any, followed this operation in every instance. The perfect adjustment of the ends of the bones, the immovable position in which the limb is maintained, and the great care taken in the dressing of the wound for the first week, are the chief secrets of the success of this operation.

# Reviews and Notices of Books.

*A Practical Treatise on Military Surgery.* By FRANK HASTINGS HAMILTON, M.D., Professor of Surgery, and Surgeon in Chief to the Long Island Hospital, &c. pp. 234. New York: Baillière.

THIS work bears evidence of having been hastily prepared to meet the demand for information on the subject of Military Surgery occasioned by the outbreak of war in the United States. The position of a medical man suddenly placed in charge of troops in the field is so full of responsibility, and his duties are so novel, that we cannot but welcome any effort to assist him in his arduous service.

That Professor Hamilton's treatise will be of use to the surgeons of the contending forces in America we do not doubt. It is well arranged, concisely and clearly written, and is in many respects a fair epitome of our knowledge upon the subjects of military surgery, medicine, and hygiene at the present day. That it is destined to take the place of the existing more elaborate works upon the same topics we do not think; we rather expect, indeed, that the author, who since its publication has been engaged in active service in the field, and was present at the battle of Bull's Run, will not rest satisfied with his work in its existing form, but will publish, at an early date, another and more complete edition.

From some remarks in the preliminary chapter, it would seem that the position of the medical officer in the United States army is even less satisfactory than in our own military service; and the author makes some stringent observations upon the manifest absurdity of denying to the medical department, on the plea of its being non-combatant, the honours which are its just due.

The chapter upon the "Examination of Recruits" contains a minute description of the various ailments and deformities which should influence the opinion of the surgeon in passing or rejecting a candidate. After giving some general directions as to the bivouac, the accommodation of troops in huts, &c., the author proceeds to say:—

"The latrines must be placed in the rear, upon the lowest ground; they should be narrow and deep, so as to leave as little surface for evaporation as possible; and every day a certain amount of the earth excavated in their construction should be replaced until the whole is covered in, and then new sinks should be dug. *When latrines can be placed over running water this necessity is obviated.*"

Now this last remark is most unfortunate and misplaced. The communication of zymotic disease through the medium of water has been so thoroughly proved by the late Dr. Snow that we are surprised at any authority recommending a course fraught with the greatest danger to the troops. Our own experience has been that soldiers are only too ready to convert running streams to this disgusting and perilous use; and we would rather advise the posting of sentries to guard the streams in the neighbourhood of camps from becoming contaminated in this manner.

Dr. Hamilton gives reasons for preferring *primary* to *immediate* amputations in the case of gun-shot injuries—i. e., he advises waiting a few hours until the immediate shock of the injury has subsided.

In speaking of the use of anæsthetics, the author gives the preference to ether over chloroform, and remarks, "it is our opinion that anæsthetics sometimes, and especially chloroform, prevent the union of wounds by adhesion, or by first intention." We are at a loss to explain the process by which he has arrived at a conviction so contrary to the experience of British surgeons.

The concluding chapters upon "Dysentery and Scurvy" present a short, but well-considered, description of those scourges of an army in the field, with a general view of their prevention and treatment; and in an Appendix are added some formulæ, which will be found of service in the preparation of food for the soldier, especially when under the surgeon's care.

## POOR-LAW MEDICAL REFORM ASSOCIATION.

(NOTE FROM MR. GRIFFIN.)

*To the Editor of* THE LANCET.

SIR,—Permit me space to inform the Poor-law medical officers that the Medical Evidence laid before the Select Committee on Poor Relief is now in print, and may be procured through any bookseller for 1*s.* 1*d.*, or by forwarding seventeen postage stamps to Messrs. Hansard, 6, Great Turnstile, London, W.C., and thus ensuring its immediate receipt. Its title is, "Fifth Report, Poor Relief, England, ordered by the House of Commons to be printed, 26th July, 1861." The Report, Appendix, and Tables occupy 95 folio pages. The importance of the subject is so great that I trust every Poor-law medical officer will carefully examine the evidence, and thus prepare himself to combat any opposition that may be raised against the changes recommended. It is possible some parts of the evidence may not meet with universal approbation, but I hope all minor points will be waived, and that a general support will be given to the provisions suggested. Unless this course be pursued, it will be in vain to expect the Select Committee to recommend to Parliament any material improvement in the position of the Poor-law medical officers.—I am, &c.,

12, Royal-terrace, Weymouth, Sept. 28th, 1861. RICHARD GRIFFIN.

P.S.—I believe it is customary to send a copy of any work to be reviewed to the Editor of a journal, but in this instance I trust the omission will be excused, as my medical brethren have not provided the means to do so.

MEETING OF NATURALISTS AND PHYSICIANS IN GERMANY.—At the meeting which took place on the 19th of September last, it was unanimously resolved that the Society should meet next year at Carlsbad. At this last meeting, M. Virchow delivered an eloquent discourse, wherein he pointed out the influence of natural science on the mental improvement of the people, and warmly advocated attention to physical exercise.

# THE LANCET.

LONDON: SATURDAY, OCTOBER 5, 1861.


TYPHOID FEVER has come to be accepted as a test of the sanitary condition of a locality. The health-history of London lends strong evidence to the accuracy of this conclusion. Year by year, since the metropolis has been placed under a comprehensive hygienic administration, fever has exhibited a gradually decreasing figure in the mortality returns. The Medical Officers of Health bear distinct and constantly accumulating testimony as to the intimate association between typhoid fever, scarlatina, and measles with sewage emanations and other products of filth. In the face of the difficulties ever increasing from the rapid growth and concentration of population upon a limited area, a diminishing mortality from zymotic diseases carries striking proof of the truth of the principle that governs the action of our sanitary police. We do not mean that the Metropolitan Board of Works is entitled to credit for having brought into operation any sound scientific system of hygiene. Their scheme is based upon one popular assumption, that the putrefaction of the sewage poured into the Thames was the great prolific source of disease. The Board, acting with perfect logical consistency, sought to remove the cause by receiving the sewage in gigantic main-sewers. It is fortunate for the cause of truth, and therefore for the interests of the public, that the construction of these monster sewers is a work of corresponding difficulty, that could not be accomplished so rapidly as those who placed their faith in its efficacy desired. Pending the execution of this plan, the health of the town improved. It improved, in fact, so quickly that it became necessary to seek for some other explanation of this happy result than one which only existed in the anticipations of theorists. This explanation is found in the steady application of the simple rule of expending sanitary labour upon the precise spots or special habitats of zymotic disease, leaving the river to the tardy attentions of the Board of Works. We are thus relieved from the mischievous influence of a false theory, and have been enabled to place our sanitary defences upon a solid basis of medical observation. This experience of the metropolis is of immense value. It ought to be earnestly applied to the preservation of the health of the community at large. Statistics, so often ignorantly and fallaciously employed, yet prove emphatically that the densely-crowded metropolis is more free from fever than many a country village. It cannot reasonably be doubted that if the same vigilance in sanitary administration were exercised in the provinces, fever would be equally expelled from the smaller communities of country towns and hamlets. The Report of the Registrar-General for the year 1859 contains abundant proof that an extension of hygienic police is urgently needed in the country. He says fever has been unusually prevalent in certain districts. It was the cause of many deaths. Thus in the sub-district of Lyncombe, near Bath, the Registrar reports five cases of fever at Oldfield Cottage, of which three had terminated fatally. At Bedford, rich and poor have been affected. Twenty-six deaths happened in the town during three months. People were suddenly attacked with considerable irritability of the bowels; tenderness of the right iliac region, gurgling of the bowels, the eruption of rose-coloured spots, delirium, and sometimes perforation of the intestines followed. Foul cesspools are numerous in the town, and the drainage is very defective. The soil is mostly gravelly, porous, and affected by soakage. Water contamination is frequent. Here is another case: more than fifty cases of fever occurred in the small village of Hartfield (East Grinstead, Sussex), where the drainage has been much neglected, and the sanitary arrangements of the houses generally are bad. Again, the fever has been very prevalent at Newport and its neighbourhood, in the Isle of Wight. Yet it would be wrong to infer that these localities are naturally unhealthy. They are only artificially unhealthy. By artificial means, the efficiency of which has been thoroughly tested, the natural salubrity of these spots may be restored. Why are not those means applied? This is a question which the local authorities and those who possess any moral influence in these places must answer. Every case of typhoid fever occurring in a town or village must be taken as an indictment against the local authorities for the neglect of the primary duty they owe to their neighbours, and a dereliction of the trust confided in them. To bring this very serious matter in a practical form before those whom it more immediately concerns, we will conclude with a few observations pointing out some measures that might be usefully resorted to.

In London, the immediate stimulus to sanitary action was the weekly publication by the Registrar-General of the fever deaths. Why should not weekly mortality tables of every town and village in the country be published in the country newspapers, or at any rate be made up and suspended on the church doors? As soon as information is thus obtained of the necessity for action, recourse should be had to the powers conferred upon boards of guardians by a clause in a recent Act, procured by their indefatigable friend, Mr. GRIFFIN, which authorizes them to call upon their medical officer to institute a sanitary inspection of their parish, and to report. Having this report, which would of course point out the sanitary measures proper to be adopted, there can be no difficulty in applying the remedy. The Nuisances Removal and Diseases Prevention Acts confer ample powers. Even where there is no Local Board of Health, there is always a local authority qualified to act; and one or two inhabitants are sufficient to set the power in motion. The local authority can, if it please, appoint a sanitary inspector. The great obstacle to the carrying out measures of sanitary improvement lies in the fact that somebody or other is sure to imagine that he has a personal interest to defend when a public nuisance is attacked. Personal influence in small communities is often too strong to be braved by any but minds of the most independent cast. To counteract this difficulty, a strictly official course, from which all individual spontaneity and responsibility are excluded, is required. It would, therefore, be desirable that distinct instructions be issued to the district registrars throughout the kingdom to transmit weekly to the boards of guardians or other local authority, the mortality returns of their respective districts, specifying the dwellings in which deaths from diseases considered to be related to defective sanitary conditions have occurred. The local authority should be required to refer this information to the Poor-law medical officer, requesting him to examine the premises and report. The necessary proceedings may then be instituted in a manner free from all suspicion of being impro-

perly instigated, and without involving anyone in disputes with his neighbours. What is wanted above all things, as a security for sanitary improvement, is publicity in all that relates to health. There can be no interest dearer to a community than the preservation of health. Moral and physical well-being, as well as material prosperity, are all intimately concerned. In a country like this, where we are accustomed to govern ourselves, it is a peculiar reproach that this matter should be neglected.

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IT will be remembered that in THE LANCET of Sept. 14th we made some observations upon the subject of Infanticide. The twofold aspect of the crime was pointed out, as also its frequent perpetration. We showed, on the one hand, that children were directly murdered, or deserted that they might die; and, upon the other hand, that they were expressly so ill-fed, ill-clad, and generally badly treated, in order that they might soon sink into the grave, protected by the usual legal certificates. When we come to add to the infantile mortality of a great town arising from such causes as these the mortality fairly due to the overcrowding, impaired nutrition, and usual sickness prevalent in the families of the poorer classes, we need scarcely wonder at the fearful death-rate which statisticians tell us prevails in some parts of the "great metropolis." As a rule, of course the more densely populated and squalid the district the higher the rate of infantile mortality. In such a locality there must necessarily exist in perfection all those anti-hygienic influences which render the infant's life worth scarcely a few days' purchase. We do not feel greatly surprised when we are told that in Lambeth, Whitechapel, and Bermondsey, the young children die off rapidly. But not only are these and analogous places the dark spots upon the map relative to children; they are also the great graveyards of the fathers and mothers. Not only is the infantile death-rate high, but the general death rate is so likewise. The two go together, as might be expected. But in reference to this point a curious circumstance has lately been made patent, and for its first and clear demonstration we are indebted to Dr. W. T. GAIRDNER, of Edinburgh. It is this, that although the *general rule* may hold good as we have above stated it, yet it will be found that, given the general death-rates of certain districts, we shall not necessarily have appreciable proportionate infantile death rates* in each district and in respect to each other. We know, for instance, that the west-end districts of London have a general death-rate much below the average of town districts; thus, in St. George's, Hanover-square, only 18 in 1000 die annually. We also know that in the crowded districts of the City and of the parts near the river the death-rate is very high: being, e.g., 28·46 in 1000 for St. Saviour's and St. Olave's, 28·87 for St. George's-in-the-East, and 29·03 for Whitechapel. Now, as Dr. GAIRDNER very properly observes, we might naturally expect that in these different districts the infantile mortality would bear some approximate proportion to that of all ages; but the fact turns out far otherwise. Thus in the Strand district, with a general death-rate of 24 in 1000, the infantile death-rate is little more than 19 per cent.; while in St. Martin's-in-the-Fields it is nearly 24 per cent., and in Kensington and Chelsea upwards of 23 per cent., with nearly the same general death-rate. Or, to go a little further a-field, the general death rate of Greenwich is 23 in 1000, and the infantile death-rate 16·5 per cent. The general death-rate of Marylebone is also 23 per 1000, but the infantile death-rate is 22·9 per cent.

The numerous facts elicited by Dr. GAIRDNER in his inquiries do not as yet admit of being reduced to any general form of expression; but the following *résumé* of the Scottish hygiest will be found very striking—viz.: All the west-end districts of London are, without exception, fatal to children in a proportion which is really enormous when we consider the favourable state of the general death-rate and the many advantages which these districts have over the others. The district of St. George, Hanover-square, for example, has nearly the lowest general death-rate of all London; and yet, notwithstanding this, and its wealth, its splendour and truly English comfort, it is only a little less fatal to infants than Shoreditch, Lambeth, or Bermondsey. It is more fatal than the districts of the Strand or Stepney, far more so than Greenwich, and very much more so than Wandsworth and Camberwell.

"St. James's, Westminster, has an infantile death-rate almost precisely corresponding to that of the river district of St. George-in-the-East, and exceeding that of Poplar, Clerkenwell, and Bethnal-green. Marylebone, tested by the infantile death-rate, must submit to be ranked as less healthy than the Surrey river-side districts of St. Saviour and St. Olave, and also than St. Luke's; while St. Martin's-in-the-Fields actually exceeds Whitechapel, and approaches St. George's, Southwark, in its infantile mortality.

"In other words, the group of districts which encloses all that is best, and, in one sense, healthiest and most vigorous in London, is about as murderous to infants under a year old as the districts of Shoreditch, Bethnal-green, and Whitechapel taken together; while even the sailors round the docks and on the Surrey shore, and the tradesmen and artizans of the Strand and City districts, may boast that their contribution to the infant mortality of London is small compared with that of the rich, prosperous, and polished west-end."

Now, can any explanation be given of so surprising a result as these inquiries show? We fear not, at present, with any degree of certainty. Nevertheless, our attention has been attracted to an abstract of a report recently laid before the vestry of Paddington by the Medical Officer of Health, Dr. J. B. SANDERSON. In this report it was suggested that a large proportion of the poor of the western districts inhabit stable-dwellings—a mode of life which, it is contended, is a very abundant source of infantile disorder. But whilst this may explain the matter in part, it will not the whole; for after all, the inhabitants of the west-end mews must be considered to be more favourably circumstanced than those of the courts and alleys of the other districts, not only as regards general drainage and airiness, but in the absence of those evils which result from extreme destitution. In addition, then, to the evils arising from overcrowding and stable-dwelling, and the mortality due to the ordinary (so-called) diseases of infancy, and from impaired or disordered nutrition, as explaining the high infantile death-rate of certain districts of the metropolis, Dr. SANDERSON maintains that the infantile population of these localities must be subject to other causes of fatality, rather moral than physical in their origin. He forces upon our consideration the large number of instances standing in the register as the causes of death; and, besides these, the numerous substantiated cases of infanticide, for which no

* The period under one year has been chosen, in preference to the more usual one under five years, as representing the special death-rate of the earliest period of life.

motive could be ascertained, strengthen the suspicion suggested by Dr. GAIRDNER'S statistical inquiry, and point to the existence of evils of a moral kind far more terrible to think of than those resulting simply from overcrowding, stable-dwelling, or bad drainage. How far correct what is here implied may be, it is as yet premature to decide; but, at any rate, it is a sad thing to reflect upon, that there should exist plausible grounds for suspicion that the fatal effects upon the lives of children born in one part of our great Babylon, due to misery and starvation, should be competed with by an almost systematic infraction of the moral law relative to the lives of those born in another portion of the same city.

# Medical Annotations.

"Ne quid nimis."

## PROSPECTS OF THE SESSION.

THE first few days of the October session must have passed before the actual number of entries at the metropolitan schools can be known with so much completeness as to supply material for a numerical estimate of the army of novices who have just commenced their medical career. Thus far they have fallen short of the average. We believe that not any school has yet enrolled a full number of pupils, and some are far below the standard. The causes of this temporary decline are not perhaps very difficult to apprehend. The high standard of preliminary education which the Medical Council have fixed has probably terrified many who would otherwise have joined the student ranks. It will delay others, who will need some further preparation before passing this wisely instituted ordeal. Although the schools may for a time thus suffer some diminution of their pecuniary resources, it will ultimately be a source of satisfaction to the teachers that their classes will include a more uniformly well-educated order of students, and one therefore better prepared to profit by their teachings. The profession at large cannot fail to profit both by the check to the tide of neophytes, the high character and attainments of those who will hereafter join them, and the relatively increased respect with which public opinion will invest them. The smallness of the entry, if it should prove in the end to be scanty, as is now probable, is not in other respects unseasonable. The Army Medical Service is for the time glutted. Moreover, in the Army, the Naval, and the Poor-law Medical Services, there are still many and urgent complaints of a manifest desire to suppress as far as possible the privileges and remunerations of the surgeons employed. The simultaneous effect of a marked improvement in the quality and diminution in the quantity of the candidates for such appointments is likely to assist those now holding them in resisting such attempts. We shall not therefore greatly regret to see a few years of scarcity of students at the medical schools.

## ROSE-WATER DISSECTIONS.

REVOLUTIONS, it is said, are not to be made with rose-water. But dissections may be so conducted. By the joint inspirations of the Examiners in Lincoln's-inn-fields and an eminent perfumer in the Strand, the halls of the Royal College of Surgeons have been made to rival the bowers of Bendermeer. It is not, perhaps, so well known as it deserves to be, that the Examiners of the College are accustomed to preface their scrutatorial and academic labours by a banquet of a very appetizing character and Lucullan profusion, provided at the corporate expense, out of the fees paid into the exchequer by the members for the maintenance and dignity of the College. It may well be imagined that when the Examiners took the resolution of introducing dissected bodies to the attention of the candidates for the diploma, with the view of practically ascertaining their knowledge of the parts of the human fabric, that resolve was not unaccompanied by certain ventricular qualms, and speculations as to the degree of nausea and indigestion likely to be produced by the inhalation of the somewhat unpleasant odours which hang about dissected subjects. A little ingenuity, and the appeal to the refined science of the modern scent-maker, have solved the difficulty. Instead of each Examiner bringing his scent-bottle, or holding his perfumed handkerchief to the nose, large vaporizers are employed, which fill the air with sweet scents. The odours of the rose, the sweet briar, the violet, or any other delicately-conceived scent, are now at the command of the anatomist. He may dissect his limb *à la rose*, *à la violette*, or *à l'eau de Cologne*. He finds at Lincoln's-inn-fields high authority for a practice which might else be blamed as effeminate. And since he is thus offered a sweet scent in place of an unpleasant effluvium, there is no palpable reason for rejecting the agreeable substitute. A liberal management will hardly refuse this trifling luxury to the petitions of the students, and the luxury once conceded, the choice of the scent may be left to the voice of the majority.

## THE VACANT HUNTERIAN PROFESSORSHIP.

THE vacancy in the post of Curator of the Hunterian Museum in the College of Surgeons, caused by the lamented death of Mr. Quekett, has not yet been officially announced. That announcement, and the consequent requisition for applications for the succession to the office, are necessarily delayed until the first meeting of the Council in the present month. The names of several candidates have, however, been made known. Amongst those most prominently mentioned are, Professor Rainey, Mr. Parker, Mr. Stewart, Dr. Edwards Crisp, and Mr. W. Flower. The considerable reputation of Professor Rainey would entitle his claims to much consideration. But Mr. Rainey is already more than threescore years of age; and as the office is one of great labour, and requires especially the devotion of a long succession of years, it is probable that this gentleman will at his age not seriously desire to undertake these onerous duties. Mr. Stewart is at present assistant in the Museum, and has acquired a good character in that capacity. Mr. Parker is well known as a microscopist. He is, however, not a surgeon, and has therefore little fitness to deal with the large surgical and pathological collections of the Museum. Histology and comparative anatomy are branches of science, whose connexion with surgery needs to be especially cultivated at a great public institution such as this; but the immediate should not be sacrificed to the collateral duties of the conservation of the great surgical Museum of the country. The pathological department of the Museum of the College is not equal in reputation to the zoological and microscopical collections. It should not be so far behind them. Dr. Crisp and Mr. Flower are both well known to combine an extensive acquaintance with zoology and general pathological experience. It would be gratifying that the Council should find the fit successor to Mr. Quekett amongst their own members or fellows.

## POISONING NO MURDER.

PROBABLY before the mischief of poisoning by errors due to the dispensing potent lotions in ordinary mixture bottles has reached the very highest personages of the realm, the druggists and dispensing chemists will have listened to the emphatic cautions afforded by recent and repeated fatalities due to this cause. The last victim whom we must add to the many score enrolled on our lately commenced list of the "accidentally" poisoned is the Lord Lieutenant of Monmouthshire. The rank, station, and personal consideration of the sufferers can hardly add weight to the circumstance that all these persons have been sacrificed, not to accident, but to negligence—not to un-

avoidable mishap, but to the ignorant parsimony and prejudice of chemists who have refused to adopt an effective and simple safeguard. The safety bottles introduced by Messrs. Savory and Moore, and employed in their own and several other large dispensing establishments, and in medical departments of the public service, have received the *cachet* of approbation from the most eminent authorities in and out of the medical profession. They are too well known to our readers to need further description. Some of the leading chemists who guide the proceedings of the Pharmaceutical Society, after first taking the part of denying that any such safeguards are required, have, since the repeated publication of such catastrophes, and the energetic reprobation with which their neglect has been met on the part of those best informed, adopted that more fatal form of opposition which consists in recognising the general demand for the reform, but insisting on the necessity for minute investigation of the means. The report of the Committee appointed to consider the possible safeguards against accidental poisoning will, perhaps, ultimately resolve upon certain conclusions. Meantime we point practically to the dishonour which the Society has incurred by so long resisting this essential reform, and the dangers which dispensing druggists inflict upon the public by omitting simple precautions, so necessary to the general safety.

The particulars of the mode of death of the Lord Lieutenant of Monmouthshire do not differ in any respect from those which we have so frequently recorded. Two duly-labeled bottles were supplied for his use, one containing a lotion and the other a mixture. His valet hastily poured out for him a glassful of the liniment instead of the mixture. The error was discovered ere half the glass was emptied, but still too late to prevent a fatal result.

It was stated at the Pharmaceutical Society that anyone who poisoned himself under such circumstances "served himself right," for he ought to have looked at the label. It is difficult to apply this theory (which was enunciated, by the way, by the chemist to the Queen's household) to the vicarious suffering resulting from the valet's error. We point, however, to the fact, that had these fluids been dispensed in bottles of different shape, and had the liniment been put in one of the safety narrow-necked bottles, it could only have dropped slowly from the bottle, and the valet's carelessness would not have been punished by the manslaughter of his master.

## THE ARMY MEDICAL SCHOOL.

WE understand that there will be no further admissions to the Army Medical Service for at least a year, as so many assistant-surgeons are on half pay. The Director-General has taken advantage of the interregnum to send to the School at Chatham some assistant-surgeons who could be spared from their regiments. In this way the work of the Army Medical School is not only continued, but extended; and as the lectures will aid the officers in their preparations for the examination on promotion, which every assistant-surgeon has now to undergo, the instruction at Chatham will doubtless be appreciated.

# Correspondence.

"Audi alteram partem."

## ON "ABDOMINAL SHOCK."

*To the Editor of* THE LANCET.

SIR,—In THE LANCET of the 3rd of August, p. 105, there is an interesting lecture, by Dr. Barnes, on the above subject. The very day that that number came into my hands, I had had occasion to make a post-mortem examination of a patient whose case well illustrates some of Dr. Barnes's positions. As you may think a short record of it worthy of being preserved in your pages, I place the following account at your disposal:—

J. R——, aged twenty-four at the time of her death, had, for at least two years previously, a right ovarian tumour, which did not attract much attention until she became pregnant in the early part of the year 1860. In October of the same year, about a fortnight before the time of her expected delivery, I examined her carefully, and found an ovarian sac of the size of a six months' gravid uterus, occupying the right half of her abdomen. The rest of the available space was filled by the fœtus, whose breech lay upwards and back to the left side of the mother. Though the sac could be felt as a soft fluctuating tumour per vaginam, it did not protrude downwards sufficiently to threaten any great impediment to the passage of the child. On the 13th of October, after a somewhat tedious labour, Mrs. R—— was safely delivered of a child, that I did not think full grown, and only lived a few days. Immediately after the birth, the ovarian tumour shifted over to the middle of the abdomen. It was soft and flaccid to the hand, and fluctuation was very distinct in it. The woman made a good recovery.

On the 3rd of the present August, I was informed by Dr. Marston, R.A., that Mrs. R—— was again "about seven months gone;" but that the sac this time was in front of the womb. I had intended going to see the patient, in order to verify the above statement; but she was too quick for me, for on the morning of the 5th her husband came for me, and though I was on the spot in half an hour, the child was born, the placenta expelled, and the patient seemed very comfortable. Her friends informed me that the labour had been very easy, and that the pains were hardly like pains. The child seemed about seven months old; it was cold and livid, and died in a few hours. The ovarian tumour lay in the middle of the abdomen; its upper border reached as high as the umbilicus, and it was very little if at all altered since I had seen it in October, 1860. On the night of the 5th, the patient, though complaining of a little cough and some difficulty of breathing, was going on well. Some castor oil which she had taken before I saw her in the morning, had acted twice. On the morning of the 6th she was still going on well. In the evening, the *discharge had quite ceased;* her pulse was 120, weak. She complained of severe pain in the abdomen, chiefly in the right iliac fossa; the bowels were becoming tympanitic above the level of the tumour; and the distended transverse colon was easily made out. On the morning of the 7th, pulse 130, weaker; pain much less, but said to exist in the lumbar region, and to extend down the right thigh; tympanitis greater; no discharge; feet getting cold; bowels moved two or three times. In the evening the patient was evidently collapsing; pulse 140; lower extremities cold as high as the knees; pain not complained of. Early on the morning of the 8th she died.

I made the autopsy with Drs. Marston and Hopwood, R.A., and found, on laying open the abdomen, the ovarian sac lying across from right to left iliac fossa, and completely hiding the uterus from sight. It was of a livid purple colour, and showed on the anterior inferior portion of its right extremity, just above the corresponding ovary, and in a line with the ovary and its ligament, one large and two small rents in its peritoneal coat. These rents lay one above the other, and the largest, which was also the lowest and close above the ovary, measured about an inch and a half long. About each of the three rents there was some subperitoneal extravasation of very dark blood, and through the lowest and largest rent this blood protruded in the form of a fringe. On lifting up the tumour, the remains of the right ovary were found flattened out on its under aspect. Around the ovary in the wall of the sac there was some gelatine like effusion. The sac was attached to the uterus by a pedicle two inches long, which was twisted spirally on itself; we could make out one twist and a half. The pedicle was of the colour of port wine from intense congestion, and the ovary above was full of dark extravasated blood. There was not a trace of peritonitis, and the tumour was absolutely free from adhesions. The sac contained not less than eight pints of a claret-like fluid (the quantity was not measured); its walls were thin and tough, and in the substance throughout their whole extent were spots and patches of purple discolouration, due to extravasations of different ages. The womb was pale and exsanguine, and filled with a dark, firm clot, moderately adherent. It was in every respect healthy. The left ovary had a few small sacs, about the size of peas, attached to it by long pedicles. The other organs, as far as they were examined, were perfectly healthy.

I attribute the death in this instance to collapse caused by the ruptures of the peritoneum, and the order of events occurred probably in this wise:—Twisting of the sac, unrestrained by

adhesions, on its own axis by the expulsive action of the uterus, thus causing twisting and strangulation of the pedicle; consequent congestion and extravasation above the strangulated part, and later successive ruptures of the peritoneum.

I am, Sir, yours very truly,

Malta, August, 1861. ST. JOHN EDWARDS, M.D.

## TREATMENT OF SEA-SICKNESS.

*To the Editor of* THE LANCET.

SIR,—I beg to forward you, as tersely as possible, the results of my observation and experience on sea-sickness, recorded whilst surgeon of the *Great Britain*, and extending over two voyages round the world.

Viewed as an almost necessary accompaniment of a sea-voyage, this distressing malady has received but little attention at the hands of naval medical men, though it is well-known that some cases are most obstinate and severe, and have even proved fatal. Some people, again, are compelled to take refuge in their berths upon each recurrence of rough weather, and thus to them are largely denied the pleasures and advantages of a sea-voyage. Determined to examine the nature, symptoms, and treatment of this complaint, I divided my patients into sections, purposing to treat each section (numbering, perhaps, ten individuals) differently.

The symptoms of the malady are these: Considerable fever, accompanied by a soft, quick pulse, averaging 90 beats in the minute; a hot and usually moist skin; severe tensive headache; urine scanty, red, and of high specific gravity; unquenchable thirst, the swallowed matter being vomited immediately; the tongue flabby, very moist, and perfectly white; the bowels highly constipated; constant retching and vomiting are present, especially of a bilious character. Moreover, a thorough listlessness and mental depression overcome the patient. In some cases the ultimatum of desire is to be thrown overboard, and so "to have done with it." In the above category we meet with certain peculiarities. Although the symptoms are generally those of simple fever, we find here a *soft* pulse, perspirable skin, and a peculiar tongue—a sea-sick tongue, very moist, smooth, and white. The malady usually disappears about the fourth or fifth day, much depending, of course, on the state of the weather.

I will not now enter into the particulars of a theory I have formed as to the pathology and *secondary* causes of sea-sickness,—the primary, of course, being the rolling motion of the vessel,—partly because they would extend this letter to too great a length, and partly because they require some revision. Age and temperament seem to vary the disorder but little; those, however, of the bilious temperament were most obnoxious to it. Old people and infants, too, were comparatively free, though children of four years old and upwards suffered severely for a short time.

The treatment I observed at first was in accordance with the sectional division previously referred to. Thus to one class I administered chloroform—Dr. Landerer's treatment; to a second, creosote; to a third, the effervescents, and so on through the list, administering hydrocyanic acid, alkalies and their carbonates, morphia, brandy, and porter; to eat as *little* as possible, and, again, to drive away the incipient symptoms by eating as much as possible.

Chloroform, in my hands, was certainly anything but efficacious; it occasionally allayed the vomiting for a time, but more usually seemed to increase rather than diminish the extreme sensitiveness of the stomach, although the doses were regularly repeated. Hydrocyanic acid and creosote were the most tolerable remedies. Effervescents and soda-water, though very grateful, were speedily vomited. Doses of carbonate of soda were also useful. Some professed faith in the stimulant method—plenty of brandy. This remedy, perhaps, cut the disorder short; but more usually increased its severity. The treatment I adopt, and the one that has proved highly successful in my hands, was founded upon the case of a lady, in whom the sicknesses of the sea and of pregnancy were combined. With this lady all treatment, dietetical and medicinal, was useless; nothing was retained on the stomach. She became thinner and weaker daily. A month's voyage was yet before her, and the induction of premature labour seemed alone to offer any chance of recovery. Prior to proposing this, I examined her case still more carefully, if possible, than before, and decided on prescribing the nitro-hydrochloric acid with sulphate of magnesia every two hours. This produced a most excellent effect, and my patient gradually recovered. I subjoin the formula I now use:—Dilute hydrochloric acid, two drachms; dilute nitric acid, one drachm; hydrocyanic acid (Scheele's), sixteen minims; sulphate of magnesia, six drachms; water to eight ounces. Two tablespoonfuls to be taken every three or four hours.

I always premise to its administration a sound purge of calomel and colocynth, or of croton oil on sugar, taken with as little water as possible. The most proper diet consists of gruel, sago, or arrowroot, with a little brandy, and dry toast and tea. Soon a little chicken- or flesh-broth may be allowed; then a little mutton, and so on until the patient eats his way to the regular diet scale of the ship. All persons about to undertake a voyage—especially a protracted one—should take, two days before going on board, a sound purgative, followed up by the medicines just named. When on board they should resolutely refuse to yield to the temptations of sea-sickness, constantly pacing the upper deck, and so becoming accustomed to the vessel's disagreeable roll. Otherwise Neptune is pretty certain to demand payment of the customary impost.

I am, Sir, your obedient servant,

THOS. MORLAND HOCKEN, M.R.C.S.

S.S.S. *Great Britain*, Liverpool, Sept. 1861.

## THE NAVY MEDICAL WARRANT.

*To the Editor of* THE LANCET.

SIR,—It may be a matter of surprise to your readers that at a time when our brethren in the army are actively bestirring themselves in endeavouring to induce the Horse Guards to rescind the late revocation of part of their Medical Warrant, and have even had an interview with the Secretary-at-War on the subject, the naval medical officers should appear to rest on their oars, contented with their lot. But such is not the case. However unjustly army surgeons have been treated, however reluctantly the provisions of even the mutilated Warrant are carried out with them, it is still worse in the navy. With us, rank carries no precedence, uniform no respect. It has actually arrived at this pass, that the naval officer is ashamed to go on shore in his uniform, knowing as he does, from sad and humiliating experience, that when he is recognised as a "doctor" all the marks of respect due to his rank are ostentatiously withheld. We feel most bitterly our position, knowing that we could *demand* a certain precedence and respect if the Queen's orders are to be obeyed, but are afraid to do so. I repeat, we are *afraid* to demand boldly our due. We dare not act in a body, as the right, allowed to all other British subjects, of memorializing Government when redress for supposed injustice is sought, is denied by the Admiralty to naval officers. We cannot do so individually, because the officer making such demand will be pronounced a troublesome litigious character; a black mark will be placed against his name at the Admiralty; and on his ship being paid off, after a service of three years, he, if a senior, is doomed to perpetual half pay—if a junior, he is sent in a small ship on a bad station, as a token of the Admiralty's displeasure. We cannot with safety state our grievances in the public prints, an Admiralty circular forbidding such proceeding. Your readers will therefore understand how we are situated, and that the only way in which we naval medical officers can make our complaints known, and warn those about to enter the service, is by writing anonymously to the medical press, and asking its conductors to make public the injustice done us, and once more advocate our cause, as they have so ably done before.

I will now briefly enumerate a very few of the many disadvantages we labour under.

1st. *The Assistant-Surgeon.*—These officers, in many of our ships in the Channel, Mediterranean, and West Indian fleets, are still without cabins. The senior, as a general rule, is allowed one in the fore cockpit or steerage, as the case may be, but even to him only conditionally, not as a right,—though, perhaps, in virtue of his seniority, ranking with a lieutenant in the navy. The junior, however, sleeps either in a hammock or cot, while his inferiors in rank, the subalterns of marines, the boatswain, gunner, and carpenter, are all in possession of cabins, and that by right; as also the captain's steward, and in many cases the band-master.

2nd. *The Surgeon.*—This officer reaps no advantage whatever from increased rank; he very rarely indeed receives the military salute he is entitled to. His being allowed a servant depends on the whim and caprice of the senior lieutenant. He still shares prize money with subalterns of marines, sub-lieutenants, and, lower still, warrant officers; while his widow's pension remains unaltered, notwithstanding the order to the contrary.

3rd. *The Staff Surgeon.*—Of this class of officers (who must necessarily have served a very long time as surgeon and assistant-surgeon, and who, owing to the impossibility of constant employment in the navy, must be men of advanced age) a few are still serving in our sea-going ships, and a few in the harbour and coast-guard ships. Afloat, they are treated exactly as the surgeon, have a cabin in the cockpit, a second-class boy as a servant, dependent on the commanding officer's will and pleasure, and share prize money with the carpenter. Though of a distinct and elevated rank, well earned by long service, they are denied a separate place in the Navy List—unlike their brother officers, the surgeons-major, in the Army List; and though their denomination would lead to the supposition that, as a matter of course, they would only hold staff appointments or be allowed to go on half pay, they are denied the one, and have the mortification to see their juniors hold the other—men with good interest, though little service.

4th. *Deputy-Inspectors and Inspectors-General.*—These are high-sounding titles, ranks never arrived at except by a favoured few, who fill up the hospitals, dock yards, and other staff appointments until an opportunity offers for their further advancement; but even these officers are not allowed to take their proper position, and proportionably suffer as their juniors in other respects.

I might continue at much greater length, but fear I have already trespassed too much on your valuable space; but your readers will readily see that we in the navy are worse treated than our brethren in the army. One order in the Naval Warrant has been contemptuously disobeyed altogether. I allude to the good service pensions, which have been granted, though to a very limited extent, in the army. I cannot, on the part of our body generally, too strongly disavow foolish absurdities perpetrated by a few surgeons, in not only demanding the precedence which was their due, but also military power, which they had no claim to; but we do ask for the redress of the grievances to which I have alluded. This I state with confidence that very many of us would prefer to be, as chaplains, without any military rank, (as our profession, like theirs, carries its own precedence,) wear plain clothes, and take our stand alone on our University degrees.

I am, Sir, respectfully yours,

September, 1861. A NAVAL SURGEON.

## MOTION AND REST IN THE TREATMENT OF SURGICAL AFFECTIONS.

*To the Editor of* THE LANCET.

SIR,—In a work published by Justamond, Surgeon to the Westminster Hospital in 1780, entitled "On Motion and Rest in the Treatment of Surgical Diseases and Injuries," the author has cited numerous cases very similar to those published by Mr. Hilton, although I do not think any are exactly parallel. Mr. Hilton, although he appears never to have tried it, will find that he can best fix a joint motionless by encasing the whole or a portion of it in a plaster-of-Paris cast. I think that motion, as well as rest, is exceedingly important in the treatment of surgical affections, and I trust the medical public may not be led too much into the do-nothing system, to which many men in large practices are much tempted.

I am, Sir, yours very truly,

G. B. SWEETING, M.R.C.P. Lond.

King's Lynn, Norfolk, Sept. 1861.

## MEDICAL DESTITUTION AND TRUTH IN GLASGOW.

*To the Editor of* THE LANCET.

SIR,—Being a member of the Faculty of Medicine in Glasgow, and having been at the meeting when the question was taken up regarding consulting practice, and being chosen at that meeting as one of a committee to examine and consider the subject, I was somewhat startled to see in THE LANCET of the 7th inst. the following statement made by Dr. M'Carron:

"From cases which came under my own observation, I showed that this fear was not altogether groundless; I showed that he whom we brought in as consulting surgeon might now and then be found taking our place as family attendant; but in so doing I made no allusion, 'pointed' or otherwise, to any particular person in the profession. I only stated general facts. If personal allusions were made, I cannot charge *myself* with them; to some of the *gentlemen* who followed me must they be credited."

To say nothing of the incongruity of this *gem* of composition, there must be some very egregious mistake, or it must be a shameful and cowardly misstatement; for the truth is that the question was brought under the notice of the Faculty by Dr. M'Carron, and, whilst stating the unsatisfactory state of consulting practice in Glasgow, he distinctly mentioned a case which occurred with him and Dr. Bell.* Upon due inquiry and consideration by the Faculty, it was found that Dr. Bell had done nothing contrary to the etiquette of the profession, and was one of the few who in consultation has always acted an honourable part. Dr. M'Carron was compelled, as well as others, to give *bonâ fide* cases, otherwise the Faculty would not enter upon the consideration of the question. Hence several cases were given by various gentlemen, when it appeared that both the consulting practice and medical etiquette in general were so flagrant and so dastard that they cannot bear the light of your pages,—a state of things which some of the committee thought arose from the fact, that a number of men in the profession assumed a position for which they had neither the means nor ability, hence they were compelled to adopt every low artifice to keep their heads above water.

I am, Sir, yours, &c.,

JAS. GLASS, L.F.P.S.

Great Hamilton-street, Glasgow, Sept. 1861.

## ABSENCE OF SYMPTOMS IN EXTENSIVE DISEASE.

*To the Editor of* THE LANCET.

SIR,—I think the following case remarkable from the fact that, although after death so extreme an amount of structural change was discovered, any symptoms which might lead one to suppose such a state of things during life were perfectly absent, and comparative good health enjoyed by the patient, although the diseased structure subsequently discovered must have existed from birth.

A boy nine years old died after a week's illness with symptoms of acute peritonitis and extensive effusion into the peritoneum. With the exception of being troubled once with ascarides, the mother stated that her boy always enjoyed good health, and was remarkably active and cheerful for his age. On examination after death, besides the usual marks of universal peritonitis, an enormous mass of tubercular matter was found connected with the mesentery, and had it been possible to disengage it thoroughly from its numerous attachments and obtain it separately, it must have amounted to several pounds in weight. The principal mass, completely encircling the large intestine, and considerably diminishing its calibre, was nearly as large as the child's head. Another point was remarkable—namely, the entire absence of tubercle from every other organ; lungs, liver, spleen, and kidneys were perfectly healthy.

I am, Sir, your obedient servant,

Stoke Newington Dispensary, Sept. 1861. CHARLES ROSS.

## PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

IN a recent communication to the Academy of Sciences, M. Guyon calls the attention of the profession to a condition already observed in some of the aggravated forms of yellow fever—namely, the suspension of the heart's action, absence of radial pulse, and death-like chill of the cutaneous surface, coexisting with perfect integrity of the intellectual faculties. "English physicians," says the author of this essay, "designate this particular variety of yellow fever as the *algid form*, and the Spanish writers refer to it as the 'frio-marmoreo,' or marble-cold type." The special case which forms the subject of M. Guyon's dissertation, is that of a sailor, of robust constitution, who, bringing from Africa the germ of yellow fever, became a patient in the Naval Hospital at Lisbon. When examined by M. Guyon, he was lying on his back, cold and motionless, without pulse, and without any apparent action either of the heart or lungs; his eyes were open, but fixed, and seemingly as incapable of movement as the rest of the body. This condition had persisted since the preceding evening, and

* I give the name of the talented gentleman, because it has been whispered in a sinister way all over the city.

all the by-standers believed the man to be a corpse. "I passed my hand," says M. Guyon, "over the chest and cardiac region, and thence to the epigastrium, and what was my astonishment at feeling my fingers vigorously repelled by the powerful pulsations of the cœliac artery, which had been apparently substituted for the heart, and was doing duty as deputy during the suspension of cardiac contraction." This practitioner is, consequently, inclined to believe that in these cases of "algid fever," where the seeming suspension of the circulation has been observed, a similar phenomenon may have existed, and in some measure account for the persistence of vitality after the cessation of the heart-functions. This observation does not appear to be complete, for M. Guyon omits to tell his readers how pulsation of the cœliac axis is to be recognised and distinguished from "aortic pulsation;" and, moreover, he *does* tell them that he neglected to examine the thoracic organs by means of the stethoscope.

The great battle at the Academy of Medicine on the subject of glanders, after raging for seven or eight weeks, has now come to a close. M. Guérin, in spite of all his talent, could not convert a bad and irrational cause into a good one; and the laurels of victory have very decidedly fallen to the share of the Alfort school. M. Guérin's case was simply this:—"There does exist a mild and curable form of glanders—a form in which one only of the three *cardinal* symptoms of the disease is present, (these three symptoms being the discharge, glandular swelling, and miliary eruption on the nasal mucous membrane;) and all the animals thus partially affected, whose treatment I have watched, have recovered." M. Bouley, on the other hand, backed too by both the school of Alfort and that of Lyons, as well as by the experience of the majority of French veterinary surgeons, stoutly maintained that a horse once glandered is for ever glandered; that though by dint of treatment the symptoms may be made to disappear, yet that the virus, quiescent for a time, never can be eradicated; and surely, though slowly, does its work in the economy, and with never-failing certainty accomplishes in the end its fatal mission. The chief practical value of M. Bouley's conclusions consists in their application to the case of grooms entrusted with the care of horses *suspected of glanders*. What were twenty years ago spoken of as suspicious cases, are now known to be confirmed examples of this disease; and an animal formerly only suspected and watched, is now forthwith destroyed: "And herein," added M. Bouley, "the cause of humanity is deeply indebted to the progress of science"—a sentiment which few will not most willingly endorse.

A clear and full account of the Guinea-worm (*Dracunculus Medinensis*), as met with in certain districts of Egypt, was given in a communication, read before the Academy on Tuesday last, by Dr. Burguières, a medical practitioner residing at Cairo. This account, added to that already given in THE LANCET for 1845 (vol. i., p. 152) by M. Maisonneuve, renders the history of this troublesome parasite very complete. The average length of the worm is about a foot and a half; its diameter about the tenth of an inch. The cephalic extremity ends abruptly in a cruciform mouth; whilst the tail is taper, and terminates in a delicate hook-like process. The body of the adult dracunculus is filled with a milky fluid, in which are held in suspension myriads of microscopic embryos. The vitality of these germs seems to be of an enduring character; for when dried they may be recalled to life by the simple process of moistening. The parts most frequented by this parasite are the lower extremities; and out of 249 cases, in no less than 223 the worm occupied this region of the body; in the remaining 26 instances only were the trunk and arms invaded. The same individual may present several worms; and the author has seen as many as eight in the same subject. When situated near the surface, the sensation of a tense cord, such as is felt during the engorgement of a vein or lymphatic vessel, is conveyed to the finger; but when the animal is deep, the affected limb presents a doughy consistence on pressure. According to the depth of the worm from the surface, so the mode of its ejection by natural efforts is either phlyctenoid or phlegmonous in character. The danger of the sojourn of this parasite in the tissues has been much exaggerated, and the treatment for promoting its expulsion should be simple, and confined to the encouragement of its spontaneous exit. M. Burguières is of opinion that the dracunculus germs can be transmitted by contact, and has ascertained that the period of incubation in some cases has exceeded the space of a twelvemonth.

An octavo volume, just out, from the pen of Dr. Lécorché, an old *interne* of M. Rayer, on Diabetic Cataract, deserves some mention—a little for its elegance of style and concise language (two rarely coincident qualities), and still more for the interest of the subject of which it treats. The diabetic cataract has for several years past been admitted as a pathological fact by both physicians and oculists, and the latter have learnt by experience to know that the methods usually resorted to for the relief of the ordinary forms of cataract have been remarkably unsuccessful in this particular variety. M. Lécorché's work is dedicated more especially to the solution of the surgical difficulty, and furnishes at the same time a contingent of original matter in connexion with the symptomatology of this special type of lenticular opacity. Age, as it would seem, possesses a marked influence on the development of this form of cataract, which appears most commonly between twenty-five and forty. The existence of the ocular complication may be to a certain extent taken as a guage of the gravity of the diabetic symptoms, as it is only in severe and confirmed cases that cataract is present. The alterations in the anatomical character of the lens seem for the most part to be preceded by frontal and supra-orbital neuralgia, and diminution of visual power, or amblyopia. These changes generally commence about eighteen months or two years after the beginning of the malady, and progress, *pari passu*, with the increase of the sugar in the urine. The advance of the cataract may be either rapid or slow. In certain cases both eyes have been attacked, and the patient has been deprived of sight, within the space of a few days; in others, the disease has been slow, and it has been possible to watch its progress from day to day. According to Dr. Lécorché, in the latter case streaks (striæ) have been observed on the posterior aspect of the lens, converging from the periphery to the centre, augmenting in number each day, and gradually overspreading the crystalline surface so as to constitute that form of cataract known as the soft variety. When one eye alone is affected at the outset, it is mostly the right that suffers; the disease spreading, however, inevitably, within a given lapse of time, to the opposite organ. Whereas in cases of hard cataract the direct impression of light is painful to the patient, in this particular variety it is greedily sought. When the cataract is complete (and herein lie the elements of differential diagnosis) the lens is bulky, as it were swelled, and generally of a bluish-white tint. The iris is seen to bulge forwards towards the cornea, in consequence of the encroachment upon the posterior chamber by the disorganized crystalline body. The retina, when examined by the phosphenic test, is in the great majority of cases found to be healthy. With regard to the propriety of operation, the author remarks that where the diabetes is complicated with albuminuria no surgical interference should be attempted; the same rule holding good in the event of tubercular phthisis, marasmus, or other such unfavourable condition coexisting with the cataract. The choice as to the particular mode of operation to be adopted has already been decided by M. de Graefe, who advises either extraction by the linear method, or else a combination of iridectomy and the usual flap operation, the former preceding the latter by an appropriate interval.

"Should infants be vaccinated during the first week after birth or no?" is a question long ago asked and answered by M. Bousquet, and lately revived by the *Gazette des Hôpitaux*. On the affirmative side of the question we have then, M. Bousquet, M. Legroux, M. Béhier; and on the other hand, M. Barthez, M. Blache, and M. Hervieux. The matter is at present under discussion at the Paris Hospital Medical Society, and the decision for or against early vaccination must in a great measure turn upon the result of the statistical researches now in course of prosecution. Whether in the generality of cases such practice may be prudent or not, it is very certain that there exist many instances in which such a course would be highly improper. In the Lying-in Hospitals here, for example, we see poor little creatures come into the world with barely enough vitality to last them a month; to draw upon that slender stock by throwing into a feebly-straggling system a potent element of disturbance, would be most surely to snuff out the flickering candle, and to convert a probable eventuality into a most inevitable consequence.

At last Wednesday's meeting of the Surgical Society, M. Giraldès, in announcing the death of Mr. Matthew Jones, of Jersey, one of the corresponding members of that body, paid a well-merited and graceful tribute to the memory of our lamented countryman. "C'est une perte très grande pour la science" were his concluding words, and I add, "to his friends and to the poor of the little island, in which he laboured with so much self-denying devotion, irreparable." He always, confined to the narrow sphere of Jersey, with his talent and promise, reminded me of what Napoleon I. said of old Fossombrone, the Tuscan minister—he was "a giant in an *entresol*."

The Emperor has just granted a pension of £48 from the

privy purse to the widow of Dr. Chaillon, of Montoir, who fell a victim to his professional zeal during the late epidemic at St. Nazaire. Are there any medical martyrs, by the way, in the Roman calendar?

Paris, Sept. 31st, 1861.

# Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At the Comitia Majora, held on Monday, the 30th ult., the following gentlemen, having undergone the necessary examination, were duly admitted Members of the College:—

Jackson, John Hughlings, M.D., Finsbury-circus.
Rogers, Henry Philip, Mauritius.

The following gentlemen passed the Preliminary Examination in the subjects of General Education on the 27th ult.:—

Atkins, Charles Alfred, St. George's Hospital.
Creaser, William Appleton, Hull.
Cribb, Henry, Bishops-Stortford.
Dawson, John, Great Yarmouth.
Forman, Elijah Baxter, Guy's Hospital.
Fox, Cornelius Benjamin, King's College.
Francis, Alfred Ollivant, Brierley-hill.
Long, Charles Frederic, Ipswich.
Lyons, William, Portugal-street, Lincoln's-inn-fields.
Manser, Frederick, Chatham.
Myers, Charles John, Tottenham.
Spooner, William, University College.
Webb, John Holden, Devon and Exeter Hospital.

ROYAL COLLEGE OF SURGEONS.—At a special meeting of the Court of Examiners, on the 2nd inst.,

Rose, Frederick Henry, Royal Naval Hospital [illegible]sion,

passed his examination for Naval Surgeon; this gentleman had previously been admitted a member of the College, his diploma bearing date May 19, 1854. The library and museum, which have been closed during the past month for the necessary cleaning, re-opened on Tuesday last.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on the 26th ult.:—

Clay, Arthur Hanley, Stamford.
May, Thomas Frederick, Newcastle-on-Tyne.
Moffat, John Henry, Ballender, Sedgley, near Dudley.

The following gentlemen also on the same day passed their first examination:—

Badcock, Louis Carter, Camberwell-grove.
Rawlins, William Peter, University College.
Richards, Henry Ebenezer, St. George's Hospital.

The following gentlemen passed their previous examination in Arts on the 27th and 28th ult.:—

Barringer, T. S. W., St. John's-street, Clerkenwell.
Bindley, C., New-street, West Bromwich.
Bolton, E. B., Coleshill, Warwickshire.
Busby, Allen, Leamington.
Connolly, B. B., Unity-place, Woolwich.
Farrington, A. C., Ottery St. Mary, Devon.
Glanville, N., Stainsley-cottage, Willow-vale.
Gray, John Henry, Montague-place, Poplar.
Hiron, William N., St. Paul's-square, Birmingham.
Jones, Alfred Orlando, Upper Vernon-street.
Lister, C. H., Hall-gate, Doncaster.
March, J. Ogdin, jun., Westbourne House, Emsworth, Hants.
Marshall, F., Upper Marylebone-street.
Milward, James, Guy's Hospital.
Plaister, W. Henry, Bristol Royal Infirmary.
Ridout, C. L., Egham, Surrey.
Rigden, George W., Canterbury.
Rowdon, H. M., Nottingham-place, London.
Smith, H. B., Newark.
Sykes, Walter J., Southgate, Wakefield.
Taylor, James Mare, Queen's College, Birmingham.
Thorp, D., College-crescent, St. John's-wood.
Tryon, Samuel, Queen's-road.
Ward, Henry, Middle street, Brighton.
West, M. T., Wood-street, Woolwich.
Wickham, James, Mincing-lane.
Wicks, Frederick, Connaught-place.

Dr. PAMARD, mayor of Avignon, has just been elected to a seat in the House of Representatives of Paris.

HIS Majesty the King of Denmark has been pleased to confer the honour of knighthood of the Order of the Danneberg upon James Syme, Esq., Professor of Clinical Surgery in the University of Edinburgh.

PHYSICIANS AND SURGEONS.—Up to the present time, the physicians of the General Hospital of Lisbon were higher in rank than the surgeons attached to the same institution. By a recent decree, this state of things has ceased to exist, and a footing of equality is now the rule.

INTRODUCTORY LECTURE IN PARIS.—The introductory lecture to the opening of the session 1861-62, at the Faculty of Medicine of Paris, will be delivered by M. Moquin-Tandon. The subject of the discourse is said to be the panygeric of Duméril.

DESIRE FOR INFORMATION IN SPAIN.—Dr. Francis Medina, chief physician of the Spanish navy, has just been entrusted, by the government of his country, with a very important mission. He is to undertake a series of travels to ascertain the sanitary state of the principal civilized countries.

SMALL-POX AND GLANDERS.—M. Guillon has written to *L'Union Médicale* a letter, in which he maintains that glanders are in the horse the analogue of small-pox in man. He proposes, in order to test the correctness of his opinion, to inoculate the pus of confluent small-pox upon the horse. M. Guillon adds that, if he is right, glanders may henceforth be prevented by the inoculation of the cow-pox lymph.

GRANULAR OPHTHALMIA.—The Emperor of Russia has instructed Dr. Yunge, of St. Petersburg, to proceed to Utrecht, in order to study the mode of treatment used by Drs. Donders and Snellen in granular ophthalmia. It would appear that the very great ravages made by this disease in Russia have rendered this measure necessary.

DR. MAYO IN LINCOLN'S-INN.—The "Echo Médical" of September 25th, (Switzerland,) has the following piece of news:—"The members of the College of Surgeons of London used, on the 25th of March last, for the first time, the right lately conceded to them of electing their president, in maintaining in office Dr. Mayo, already occupying the chair."

DEATH OF MR. CUSACK.—This eminent practitioner died on the night of the 26th ult., at his residence in Merrion-square, in the seventy-fourth year of his age. He was the head of the profession of surgeons in Ireland, and for many years occupied the most distinguished position connected with it in Dublin. His death causes many vacancies. He was a Fellow of the Royal College of Surgeons, of which he had been more than once president; he was consulting surgeon of Steevens' Hospital, and of Swift's Hospital, a member of the Board of Superintendence of Hospitals, and on the death of Sir Philip Crampton he was appointed Surgeon in Ordinary to the Queen. He also occupied the position of Regius Professor of Surgery in Trinity College. Till about a fortnight ago he continued to discharge his duties at the hospitals, and to see patients at his house. An attack of bronchitis baffled the skill of his medical attendants—the most eminent men in the city. He was regarded as one of the greatest ornaments of the medical profession in Ireland, and was held in the highest esteem by the public.

LIVERPOOL ROYAL INFIRMARY SCHOOL OF MEDICINE.—The introductory lecture of the present session was delivered by Mr. Fletcher. The prizes of the last session were distributed by John Cropper, Esq., as follows.—Medicine: Certificate of honour, Mr. G. S. Kenyon. Surgery: Medal, Mr. Thos. Bird. Anatomy: Senior Class, Medal, Mr. G. B. V. Nash; Certificates of honour, Mr. W. Hanks, and Mr. G. S. Kenyon; Junior Class, Medal, Mr. Clarence Visick; Certificate of honour, Mr. J. C. Rosselotz. Chemistry: Medal, Mr. G. S. Kenyon; Certificates of honour, Mr. Wm. Cross, and Mr. J. Warburton; Special book prize for *viva voce* examinations, Mr. J. Warburton. Practical Chemistry: Book prize, Mr. W. Cross; Certificates of honour, Mr. C. Parks, and Mr. F. D. Leigh. Midwifery, &c.: Medal, Mr. G. B. V. Nash; Certificate of honour, Mr. R. H. D. Johnson. Materia Medica: Medal, Mr. J. Bradley; Certificate of honour, Mr. C. Parks. Medical Jurisprudence: Medal, Mr. T. Bird; Certificate of honour, Mr. G. B. V. Nash. Botany: Certificate of honour, Mr. J. Warburton. Ophthalmic Medicine and Surgery: Medal, Mr. G. B. V. Nash; Certificate of honour, Mr. T. Bird. Pathological Anatomy: Medal, Mr. G. B. V. Nash; Certificate of honour, Mr. T. Bird.

THE TRUE PHYSICIAN.—To the true physician there is an inexpressible sanctity in the sick chamber. At its threshold the more human passions quit their hold on his heart. Love there would be profanation. Even the grief permitted to others he must put aside. He must enter that room a Calm Intelligence. He is disabled for his mission if he suffer aught to obscure the keen, quiet glance of his science. Age or youth, beauty or deformity, innocence or guilt, merge their distinctions in one common attribute—human suffering appealing to human skill. Woe to the households in which the trusted healer feels not on his conscience the solemn obligations of his glorious art.—*Sir E. B. Lytton, in "A Strange Story."*

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, SEPT. 28TH.—The total number of deaths registered in London in the week that ended last Saturday was 1108, which, as compared with the returns of four previous weeks, exhibits but very slight variation. The deaths from diarrhœa, which in one week in August exceeded 200, and in each of ten weeks since the middle of July exceeded 100, declined last week to 68. Four deaths are also referred to cholera or choleraic diarrhœa; but while diarrhœa is diminished, there is a perceptible increase in scarlatina, the deaths from which rose to 55 in the week.

The births registered in London were—boys, 925; girls, 923.

## MEDICAL VACANCIES.

THE election of a Medical Officer for the Yarmouth District of the Isle of Wight Incorporation will take place on the 10th inst.

There is a vacancy for a House-Surgeon and Dispenser to the West Ham Dispensary.

An Assistant-Surgeon is required for the East York Regiment of Militia, vacant by the resignation of Mr. G. D. Freeman.

There are vacancies in the offices of Visiting-Physician to the Seaham Harbour Infirmary, and Consulting-Physician to the Sunderland General Infirmary and Dispensary, by the death of Dr. Wm. Sedley Burn.

A vacancy has occurred in the Council of the Royal College of Surgeons, Ireland, and in the office of Visiting-Surgeon to Dr. Steeven's Hospital, Dublin, by the death of Mr. Jas. Wm. Cusack.

There is a vacancy for a Medical Officer to the Bristol Dispensary, and it is proposed to create a fourth district, which will necessitate the appointment of another Medical Officer for that District.

The office of Surgeon to the third District of the Eastbourne Poor-law Union, Sussex, comprising the parishes of Seaford and Westdean, has become vacant.

## MEDICAL APPOINTMENTS.

MR. T. CARR JACKSON has been elected Surgeon to the Great Northern Hospital, in the vacancy caused by the resignation of Mr. W. S. Savory.

Dr. T. Bacon Phillips has been elected Physician to the Brighton and Hove Dispensary.

Dr. Edward Davies has been appointed Surgeon to the Wrexham Infirmary, in the place of Mr. William Rowland, resigned.

Mr. William Rowland has been elected Consulting-Surgeon to the Wrexham Infirmary.

Dr. James Lambert has been appointed Medical Officer of District No. 1 (comprising part of Birkenhead), and of the Hospital, in the newly-formed Birkenhead Union; Dr. Samuel Dawson Downing, Medical Officer of District No. 2 (comprising part of Birkenhead and the whole of Tranmere), in the same Union; Mr. Richard Sylvester Daniel, to District No. 3 (comprising parts of Birkenhead, and Claughton, Oxton-Noctorum, and Bidston townships); and Mr. Isaac Byerley, to District No. 4 (comprising the townships of Liscard, Poulton, and Seacombe and Wallasey).

Mr. William Hugh Hughes and Mr. Charles Hitchman Braddon have been appointed Physicians' Assistants at the Manchester Royal Infirmary and Dispensary, in the room of Dr. John Medd and Mr. John Sides Davies, resigned.

## MILITARY AND NAVAL MEDICAL INTELLIGENCE.

82nd Foot: Staff Assist.-Surg. John Niven, to be Assist.-Surg., vice Spence, appointed to the Staff. The appointment of Assist.-Surg. John Smeeton Allanby, M.D., which appeared in the *Gazette* of the 21st of December, 1860, has been cancelled. 95th Foot: Staff Assist.-Surg. John Smeeton Allanby, M.D., to be Assist.-Surg., vice Sharpe, appointed to the Staff. The appointment of Staff Assist.-Surg. John Niven, which appeared in the *Gazette* of the 21st of December, 1860, has been cancelled. The appointment of Assist.-Surg. Robert Spence, from the 82nd Foot, to be Staff Assist.-Surg., vice Allanby "appointed to the 95th Foot," and not vice Allanby "who exchanges," as stated in the *Gazette* of the 21st of December, 1860.

BREVET.—The promotion of Surg.-Major Gibson to the honorary rank of Deputy Inspector of Hospitals, included in the *Gazette* of the 6th of Sept., 1861, has been cancelled, he having obtained that rank on the 6th of Nov., 1860.

Commissions signed by Lords-Lieutenant.—1st Manchester, or 6th Lancashire Rifle Volunteer Corps: Frederick Melland, Gent., to be Assist.-Surg. Memorandum—11th Hants Rifle Volunteer Corps: Her Majesty has been pleased to accept the resignation of the Commission held by Hon. Assist.-Surg. Andrew Fernie. 1st Brigade of Fifeshire Artillery Volunteers: James Dewar, to be Surg.; David Archibald, to be Assist.-Surg. 1st Newcastle-upon-Tyne Engineer Volunteers: William Barnup Sang, M.D., to be Assist.-Surg. Memorandum—2nd Batt. of the North Riding of Yorkshire Rifle Volunteers: William Ness, to be Surg.

Staff Surg. Richard D. Mason, to be Deputy Inspector-General of Hospitals and Fleets. Surg. W. M. Saunders, to the *Britannia*.

# Births, Marriages, and Deaths.

## BIRTHS.

On the 11th ult., at Black Torrington, the wife of A. W. Awings, M.D., of twins—a son and daughter.

On the 16th ult., at Fowey, Cornwall, the wife of A. A. Davis, L.R.C.P., of a son.

On the 23rd ult., at Springfield, Neston, the wife of James Braid, M.D., of a son.

On the 24th ult., the wife of Henry R. Madden, M.D., of Brighton, of a daughter.

On the 28th ult., at Lower York-place, Kentish-town, the wife of W. Emerson, Esq., M.R.C.S., of a son.

On the 29th ult., at Beverley, York-hire, the wife of G. Earle, Esq., M.R.C.S., Surgeon to the East York Militia, of a son.

## MARRIAGES.

On the 24th ult., at the Chapel of the British Embassy, Frankfort-on-the-Maine, Nicolas Geissè, M.D., of the Duchy of Nassau, to Henrietta Mary, second daughter of Wm. Playne, Esq., of Longfords, Gloucestershire.

On the 25th ult., at Newhall-terrace, Glasgow, Alex. Rae, Esq., L.F.P.S., of Stonehouse, to Elizabeth Ross, daughter of Thos. Duncan, Esq., of Douglas, Lanarkshire.

On the 26th ult., at Donington-on-Bain, Lincolnshire, Robert Conrad Moesman, Esq., of the Army Medical Staff, to Mary Elizabeth, eldest daughter of the Rev. Conrad M. Wimberley, M.A., Rector.

## DEATHS.

On the 22nd of July, at Taku, North China, Lieut. Henry Bond, of the Royal Artillery, only son of Henry J. H. Bond, M.D., Regius Professor of Medicine, Cambridge, aged 21.

On the 15th of August, Thos. B. Martin, Esq., Assistant-Surgeon of H.M.'s ship *Racer*, on the West India Station, and son of the late T. H. Martin, Esq., Surgeon, of Holmfirth, Yorkshire, aged 26.

On the 19th of August, at Massaruni, Louisa Evelyn, the only child of Hubert Carlton Whitlock, Esq., Resident Surgeon of H.M.'s Penal Settlement, Rio Massaruni, aged 3 years and 6 months.

On the 22nd ult., Ernest, third son of David Bowman, M.D., of Manchester.

On the 22nd ult., at Curzon-park, Chester, John Aikenhead, M.D., late of Manchester.

## BOOKS ETC. RECEIVED.

M. Condy sur les Propriétés Disinfectantes et Thérapeutiques des Permanganates Alcalins.
Dr. Bumstead on Venereal Diseases.
Mr. Greene's Manual of Coleuterata.
Cœsus: a Tragedy. By Major Richards.
Maw and Son's Catalogue of Surgical Instruments and Appliances.
Dr. Duncan on the Obliquity of the Fœtal Head, &c.
Medical and Surgical Reporter.
Dr. Taylor's Medical Jurisprudence.
Mr. Bowman's Introduction to Practical Chemistry.
Dr. Bernays' Syllabus of Lectures on Chemistry.
Dr. Demarquay de la Pelvi-Péritonite Séreuse.
Eastbourne as a resort for Invalids. By Drs. Smith and Hayman.
M. Rollet sur la Syphilis, le Chancre Simple, et la Blennorrhagie.
Dr. Steele's Numerical Analysis of the Patients of Guy's Hospital.
Black's Map of the Seat of War in America.
Dr. Adamson on Cholera.
Dr. Anstie on Proofs of Live-Birth.
Dr. Moore on the Medical Topography of Bhoojl.
Dr. Moore on the Physiology and Diseases of the Pancreas.
The New Sydenham Society's Year-Book of Medicine, &c., for 1860.
Essex Hall Drill and Speaking Lessons.
Dr. Hillier's Report on the Sanitary Condition of St. Pancras.
Prof. Monti della Igiena Pubblica.
Prof. Monti la Malattia del Conte di Cavour.
Report of the Grant Medical College, Bombay.
Dr. Rullmann on the Southern Climatic Sanatoria.
Dr. Brown-Séquard's Journal de la Physiologie.
Dr. Lankester's Popular Lectures on Food.
Sowerby's Wild Flowers.
Madras Quarterly Journal of Medical Science.
Mr. Gamgee's Our Domestic Animals.
Dental Review.
Report of the Eastern Counties Asylum for Idiots and Imbeciles.
Mr. Walker on the Materia Medica.
Edinburgh Veterinary Review.

# Medical Diary of the Week.

**MONDAY, Oct. 7**
- ROYAL FREE HOSPITAL.—Operations, 2 P.M.
- METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M.
- MEDICAL SOCIETY OF LONDON.—8½ P.M. Opening of the Session.—A Paper will be read by the President, Mr. Coulson.

**TUESDAY, Oct. 8**
- GUY'S HOSPITAL.—Operations, 1½ P.M.
- WESTMINSTER HOSPITAL.—Operations, 2 P.M.

**WEDNESDAY, Oct. 9**
- MIDDLESEX HOSPITAL.—Operations, 1 P.M.
- ST. MARY'S HOSPITAL.—Operations, 1 P.M.
- UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M.
- ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.

**THURSDAY, Oct. 10**
- ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
- CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M.
- LONDON HOSPITAL.—Operations, 1½ P.M.
- GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M.
- LONDON SURGICAL HOME.—Operations, 3 P.M.

**FRIDAY, Oct. 11**
- WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.

**SATURDAY, Oct. 12**
- ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
- ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
- KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
- CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

# To Correspondents.

UNIVERSITY OF LONDON.

*J. H. D.*—Matriculation examinations are held in January and July, both in London and the provinces. Any city, town, or college, desiring the institution of provincial examinations, must send application to the Registrar before the 1st May. Full information as to the subjects of examination will be found in the University Calendar. It would occupy too much space to set them forth in our columns.

THE remarks of *Sanitas* relative to the drainage of Brighton, and alleged deficiency in the number of visitors to that town, shall be noticed next week.

PROFESSIONAL ETIQUETTE AND DR. EDMUNDS.

*To the Editor of* THE LANCET.

SIR,—In reference to the alleged circulation of testimonials by Dr. Edmunds, I beg to state that the circular, which has been recently the subject of discussion in your pages, was sent to persons residing in Church-street and Brick-lane, Spitalfields. As these localities are distant about a quarter of a mile from the house of Dr. Edmunds, they may I think, without any apparent violation of geographical precision, be included in the district designated by the phrase "the neighbourhood of Spital-square."

Your readers will now be in a position to judge of the accuracy of the statement of Dr. Edmunds, that the circular "was not distributed in the neighbourhood of Spital-square, simply because *none of the patients*" of the gentleman whose practice he purchased "*lived there*." Webster, in his Dictionary, defines neighbourhood to be "the adjoining district, or any place not distant." I quote this definition in order to anticipate any discussion which may arise as to the precise meaning of the word "neighbourhood."

I am, Sir, your obedient servant,
Church-street, Spitalfields, Oct. 1861. JOHN JACKSON, M.R.C.S.

*To the Editor of* THE LANCET.

SIR,—Dr. Edmunds denies sending testimonials in the neighbourhood of Spital-square, and challenges "Chirurgus" to prove that he has done so. May I remind him of one being sent to 20, Church-street? where indeed I received it from the patient herself the following day; for, being rather scrupulous, she considered that, as I was her medical attendant, such offensive pamphlets should be shown me immediately.—Your obedient servant,
Brick-lane, October, 1861. WM. GAYTON, M.R.C.S.

*To the Editor of* THE LANCET.

SIR,—In reference to the correspondence on "Professional Etiquette" between "Chirurgus" and Dr. Edmunds, I feel constrained to say that the circular in question was sent to a patient of mine at a short distance from Spital-square. It was handed to me in the original envelope. I have no knowledge either of "Chirurgus" or the assistant who has been alluded to.

I am, Sir, yours obediently,
Sykes'-terrace, Mile-end-road, Oct. 1861. R. E. SWEET, M.D.

*Students.*—The new anatomic and physiologic facts discovered by M. Sucquet constitute what has been termed "a derivative circulation," having its seat in the foot, the hand, and the face. He is said to have there demonstrated the direct and immediate passage of the blood from the arteries into the superficial veins, thus explaining the turgescence, redness, and blushing of the parts in question, under the use of alcoholic drinks, the influence of heat, digestion, and anger and other mental emotions.

*Dr. Robert Fowler's* letter on "Poor-law Medical Reform" is unavoidably postponed.

CAN SUCH THINGS BE?

*To the Editor of* THE LANCET.

SIR,—The following advertisement appeared in *The Times* of the 4th September:—

"MEDICAL.—An appointment as house-surgeon to a dispensary in London is now vacant. Salary, £100 per annum, coals, candles, &c., and apartments. The applicant must be a member of the College of Surgeons of London, Edinburgh, or Dublin, and licentiate of the Apothecaries' Hall. For terms, apply to Wm. Eames and Co., 21, Abchurch-lane, E.C."

I applied for information respecting the above advertisement at the address named, and had an interview with Mr. Eames, who is a general agent. He informed me that "the appointment in question was situated at the East-end of town, near Stepney; that it was occupied by a married medical man, who is now about to resign the post. He will introduce a gentleman to the committee as his successor for a premium of £100; £50 to be paid at once, the remainder by instalments as shall be agreed upon, in the event of the appointment being obtained, which there is not the slightest doubt can be managed through his introduction, as he is on intimate terms with the committee, and has held the appointment for some years."

Surely this is an unusual way of disposing of an appointment. I cannot help thinking there must be some mistake in the matter; but perhaps THE LANCET may elucidate the real state of the case. Yours, &c.,
London, September, 1861. L.R.C.P.

*Therapeutics.*—It is not as yet much employed here. In America, where its use is more common, the influence of santonine upon vision has been often observed. The mode of its action is not understood. Green vision is more frequently produced; but red and yellow vision has in several instances been known to follow its administration. It also colours the urine yellow.

NEWSPAPER PARAGRAPHS.

MR. MORLEY HARRISON presents his compliments to the Editor of THE LANCET, and takes this opportunity of replying to his query of Saturday last. The paragraph to which that query refers was *inserted entirely without Mr. Harrison's permission*, and *his first knowledge of it was seeing it in print*. Mr. H. entertains a decided opinion as to the utter impropriety of such paragraphs being inserted in any newspaper, excepting the acknowledged *medical* journals of the day.

Piccadilly, Manchester, October, 1861.

*An Indian Officer retired.*—Yes, the Allahabad newspapers have been vaunting the good effects of Honiberger's infusion of quassia injected into the veins in cholera during a recent and severe visit of that disease to Allahabad. The *Indian Lancet* denies both the value of the practice and the truth of the theory upon which it was founded. We agree with our contemporary, which properly points out that it was tried some years ago under orders of the Government at Calcutta, and found to be valueless.

*F. R. A.*—There is no law to prevent him doing so.

*A. B.* shall receive a private note if he will send his name and address.

THE GRADUATES IN MEDICINE OF THE UNIVERSITY OF ST. ANDREWS.

*To the Editor of* THE LANCET.

SIR,—Could not some plan be agreed upon amongst the numerous graduates of St. Andrews University with a view to prevent the "New Regulations" issued by the Scotch Universities Commissioners with reference to the above University being carried into effect? Of late years the examination has been good, and in every way the degree has become a respectable one. It seems unjust in the extreme to institute regulations such as by their working must in a few years place St. Andrews University in obscurity, and render her M.D.s, after working for and gaining a well-earned degree, members of a faded institution. I suppose in this case, as in all others, where those interested wish for redress, they must be up and doing. The graduates as well as the University will be injured by these "New Regulations." Mere private complaining is useless, unless the complainants are prepared to act. If there is unanimity of feeling upon this subject, let there be also unanimity of action. At the commencement of next year the Commission may cease to sit.

Those of your readers who wish to see the "Regulations" referred to will find them, and also a leading article upon the subject, in THE LANCET of July 27th, 1861. Yours truly,
September, 1861. M.D.

*A Chemist.*—Try pure glycerine in equal parts to the chloroform. The latter may then be equably divided. This, at least, is M. Bonnet's method, which has been well spoken of.

*Dr. P. Hayward.*—It refers to the College of Physicians of Ireland only.

*S. H. J.*—Yes, he can assume the title.

*Dubitans* and *A. D. W.* will come under the new regulations.

PROFESSIONAL FEES IN THE JUSTICES OF THE PEACE COURTS IN SCOTLAND.

*To the Editor of* THE LANCET.

SIR,—On the 9th inst. I was summoned to give evidence in a case of assault in the Justice of the Peace Court. Eleven o'clock is the hour of opening. I was detained until two P.M. Having neither time nor inclination to remain after the case was over, I instructed a friend to obtain the fee at his convenience. So far so well. On the 12th instant I accidentally met the Procurator Fiscal of the Court, when my learned friend acquainted me that the (magnanimous) fee of five shillings had been awarded for my day's attendance in Court. I strongly resented the idea of five shillings for such services, more especially as I had the distance of two miles to go to the Court-house. I was further told that I had been awarded double the fee of the ordinary witnesses, and that if I could point to any statute or any precedent on the subject, the balance, be it what it might, would be handed to me forthwith.

As the matter rests here, and as it is of some importance to the profession, perhaps some of your numerous correspondents would be kind enough to supply the requisite information.

I am, Sir, your obedient servant,
Dreghorn, September, 1861. J. CALDWELL, L.R.C.P. Edin.

*Dr. Althaus* calls our attention to a German Jew medical swindler, who is going about fleecing the benevolent.

*F.R.C.S.*—There is no sign of the College doing so.

*Mr. Horace S. Howell*, (Maidstone.)—We must know something more of the facts before we can express an opinion upon the subject.

*F. V. G.*—To the Secretary of State for the Colonies.

*Homo.*—We believe he does not infringe the law by so doing.

THE MEDICAL REGISTER.

*To the Editor of* THE LANCET.

SIR,—We sometimes complain that the Medical Act is of very little use to us. Would it not be of more use if the Medical Register were to be made more available to the public—e. g., could not a perfect copy, with corrections from month to month, be kept at some public offices for general reference, either free or at a small charge for a search; for instance, at the offices of the registrars of births, &c., or at the post-offices? Thus the public, who will not buy the Register, would be able to test the qualifications of practitioners. Might not some of the money paid by us for registration be turned to some useful purpose for the benefit of the public and of the legitimate practitioner in this way, and be more advantageous to both than the unsuccessful prosecutions of some few obscure practitioners? Yours very truly,
October, 1861. M.D., &c.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. Lankester; Mr. Skey; Mr. Locke; Mr. Ross; Mr. C. Atkinson; Mr. Henry Thompson; Mr. A. Cooper; Dr. C. D. Arnott; Mr. Metcalfe Johnson; Mr. Sweeting; Messrs. Hayward and Leggatt; Mr. Griffin; Mr. Newham; Dr. Goldsmith; Mr. Lamprey, Tien Tsin; Dr. Battersby; Mr. Potter, Lichfield, (with enclosure;) Mr. Johnson, Stoke, (with enclosure;) Dr. Partridge, Grantham; Mr. M'Dermott; Mr. J. Jackson; Mr. F. Margetts, Ilchester; Mr. Gayton; Mr. Fletcher, Liverpool; Mr. Flintoff, Nottingham; Dr. Davies, Wrexham, (with enclosure;) Dr. Moxon; Mr. Baxter, (with enclosure;) Mr. Ransom, Darlaston, (with enclosure;) Mr. Morley Harrison, Manchester; Mr. Green, Houghton-le-Spring, (with enclosure;) Mr. Stickings, (with enclosure;) Dr. Hewitson, (with enclosure;) Rev. R. Leigh, (with enclosure;) Mr. Battye, Leeds; Mr. Clarke, Newport; Mr. Winnard, Wigan, (with enclosure;) Mr. Merrell, Rochdale, (with enclosure;) Mr. Dowell, (with enclosure;) Dr. Barrett, Lees; Mr. Utterson, Tenby; Mr. Bower, Portswood; Mr. Gell, Birmingham; Dr. Buchanan, Killiea; Dr. Simpson, Glasgow; &c. &c.